

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000021080

**Entity Name:** RIDGE MASTERS ROOFING, LLC

**Current Principal Place of Business:**

3800 SHADOWIND WAY  
GOTHA, FL 34734

**Current Mailing Address:**

3800 SHADOWIND WAY  
GOTHA, FL 34734 US

**FEI Number:** 47-2868740

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SORG, CHRISTOPHER  
3800 SHADOWIND WAY  
GOTHA, FL 34734 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            SORG, CHRISTOPHER S  
Address        3800 SHADOWIND WAY  
City-State-Zip: GOTHA FL 34734

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER SORG

**OWNER**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date