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.

OWNER

hereby certify that the information indicated on the	his report o
ath: that I am a managing member or manager o	of the limite

SIGNATURE: CRAIG ALLARD

Electronic Signature of Signing Authorized Person(s) Detail

5047 NORTHAMPTON DRIVE FORT MYERS, FL 33919 US

Name and Address of Current Registered Agent:

Entity Name: THE ALLARD ROOFING COMPANY, LLC

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: CRAIG ALLARD

DOCUMENT# L17000153275

2557 NORTH AIRPORT ROAD FORT MYERS. FL 33907

**Current Mailing Address:** 2557 NORTH AIRPORT ROAD FORT MYERS. FL 33907 US

FEI Number: 82-2953225

ALLARD, CRAIG

**Current Principal Place of Business:** 

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR Name ALLARD, CRAIG Address 5047 NORTHAMPTON DRIVE City-State-Zip: FORT MYERS FL 33919

## FILED Aug 03, 2022 Secretary of State 2155810894CC

Certificate of Status Desired: No

08/03/2022 Date

Date

08/03/2022