## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L17000162346

Entity Name: HD ROOFING AND CONSTRUCTION, LLC.

## **Current Principal Place of Business:**

385 COMMERCE WAY SUITE 101 LONGWOOD, FL 32750

# **Current Mailing Address:**

385 COMMERCE WAY SUITE 101 LONGWOOD, FL 32750 US

## FEI Number: 82-2368213

## Name and Address of Current Registered Agent:

MUNOZ, DELIANA 310 KAYS LANDING DR. SANFORD, FL 32771 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                     |  |                 |                      | 06/04/2022 |
|-------------------------------|--|-----------------|----------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                      | Date       |
| Authorized Person(s) Detail : |  |                 |                      |            |
| Title                         | MGR                                      | Title           | MGR                  |            |
| Name                          | ROJAS-MUNOZ, DELIANA                     | Name            | MUNOZ, OSCAR DAVID   |            |
| Address                       | 310 KAYS LANDING DR.                     | Address         | 310 KAYS LANDING DR. |            |
| City-State-Zip:               | SANFORD FL 32771                         | City-State-Zip: | SANFORD FL 32771     |            |

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: DELIANA ROJAS-MUNOZ

MGR

06/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

Date