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: THIERRY DEVOVE	MGR	02/10/2025

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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L22000449238

# Entity Name: EVANS ROOFING OF SOUTHWEST FLORIDA LLC

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

1071 NE 43RD STREET OAKLAND PARK, FL 33334

#### **Current Mailing Address:**

1071 NE 43RD STREET OAKLAND PARK, FL 33334

# FEI Number: 92-0766147

### Name and Address of Current Registered Agent:

SAINT-VINCENT MASTER ROOFERS 2455 E. SUNRISE BLVD SUITE 1102 FORT LAUDERDALE, FL 33304 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: VALERIE DEVOVE

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

TitleMGRNameDEVOVE, THIERRYAddress1071 NE 43RD STREETCity-State-Zip:OAKLAND PARK FL 33334

Certificate of Status Desired: No

02/10/2025 Date

FILED Feb 10, 2025 Secretary of State 7107850644CC

Date