

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000007603

**Entity Name:** CHILDERS ROOFING & SHEET METAL, A TECTA AMERICA COMPANY, LLC

**FILED**  
**Feb 10, 2023**  
**Secretary of State**  
**4087359250CC**

**Current Principal Place of Business:**

1645 JESSIE ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1645 JESSIE ST  
JACKSONVILLE, FL 32206 US

**FEI Number: 87-1178714**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name SANTACROSE, MARK F  
Address 9450 BRYN MAWR AVE, STE. 500  
City-State-Zip: ROSEMONT IL 60018

Title MGR  
Name REGINELLI, DAVID R  
Address 9450 BRYN MAWR AVE, STE. 500  
City-State-Zip: ROSEMONT IL 60018

Title PRESIDENT  
Name CHILDERS, BEN III  
Address 1645 JESSIE ST  
City-State-Zip: JACKSONVILLE FL 32206

Title VICE PRESIDENT OF OPERATIONS  
Name GIBBS, PAUL  
Address 45JESSIE ST  
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY AND GENERAL COUNSEL  
Name CRON, CHAD  
Address 9450 BRYN MAWR SUITE 500  
City-State-Zip: ROSEMONT IL 60018

Title ASST. SECRETARY  
Name DAMIANI, KAREN  
Address 9450 BRYN MAWR SUITE 500  
City-State-Zip: ROSEMONT IL 60018

*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: KAREN DAMIANI**

**ASST SECRETARY**

**02/10/2023**

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

\_\_\_\_\_  
Date