Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2024 ANNUAL REPORT

Registry Number: 7983489
Date of Organization: 7/2/1987
Fee: $100
Due Date: 7/2/2024
Type: DOMESTIC LIMITED LIABILITY COMPANY

001042

BLISS ROOFING, LLC
14430 SE 98TH CT
CLACKAMAS OR 97015

FILED: JUN 28, 2024
OREGON SECRETARY OF STATE

7983489-26417414

BLISS ROOFING, LLC **RENANA**

Name of Domestic Limited Liability Company

BLISS ROOFING, LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent

STEPHANIE LYN BAIRD
14430 SE 98TH CT
CLACKAMAS, OR 97015

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business ROOFING CONTRACTOR

2) Principal Place of Business (Address,city,state,zip)

14430 SE 98TH CT
CLACKAMAS, OR 97015

3) Mailing Address (Address,city,state,zip)

14430 SE 98TH CT
CLACKAMAS, OR 97015

4) ☑ **Member** or ☐ Manager (Name & Address)

RAJENDRA PRASAD DAS
14430 SE 98TH CT CLACKAMAS OR 97015
14430 SE 98TH CT
CLACKAMAS, OR 97015

5) ☑ **Member** or ☐ Manager (Name & Address)

MICHAEL DENNIS ELLIOTT
14430 SE 98TH CT CLACKAMAS OR 97015
14430 SE 98TH CT
CLACKAMAS, OR 97015

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature [signature] **7) Printed Name** Stephanie Baird

8) Date 5/30/24 **9) Phone Number** (503) 653-6106

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

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