

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90264 016 ***138.75

DOCUMENT # L04000046361
 1. Entity Name
 ROGERS & SON'S BLADE & GRADE, L.L.C.



Principal Place of Business
 6080 PANGOLA RD
 FORT MYERS, FL 33905

Mailing Address
 6080 PANGOLA RD
 FORT MYERS, FL 33905

60015335



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-1314348

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, JOSEPH A
 6080 PANGOLA RD
 FORT MYERS, FL 33905

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROGERS, JOSEPH A	
STREET ADDRESS	6080 PANGOLA RD	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROGERS, GARRETT A	
STREET ADDRESS	2023 GRAYSON AVE	
CITY-ST-ZIP	ALVA, FL 33920	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, BRANDY R	
STREET ADDRESS	2023 GRAYSON AVE	
CITY-ST-ZIP	ALVA, FL 33920	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, PAMELA L	
STREET ADDRESS	6080 PANGOLA RD	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Joseph A Rogers* 3-12-08 (239) 694-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Joseph A Rogers