

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096142

Entity Name: MID STATE ROCK, LLC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

100 WORTH AVE S-306  
PALM BEACH, FL 33480

**New Principal Place of Business:**

100 WORTH AVE  
306  
PALM BEACH, FL 33480

**Current Mailing Address:**

100 WORTH AVE S-306  
PALM BEACH, FL 33480

**New Mailing Address:**

100 WORTH AVE  
306  
PALM BEACH, FL 33480

FEI Number: 26-1102438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD STE 101  
TALLAHASSEE, FL 323012960 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, STEPHEN  
Address: 100 WORTH AVE S-306  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM ( ) Delete  
Name: MESSING, GILBERT  
Address: 632 FERN STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN C MILLER

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date