2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 20, 2008 8:00 am Secretary of State

05-01-2008 90024 047 ***138.75

DOCUMENT # L07000059741 1. Entity Name SOLID ROCK RANCH LLC								
Principal Place of Business 88 CECIL SPEARS RD		Mailing Address 88 CECIL SPEARS RD			30006786			
	ILLÉ, FL 32327	CRAWFORDVILLE, FL 32	2327	4 18011015		li eriği örile iğlil lunu olası olası	4041 (FI PRP)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.		01152008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numl	030959		pplied For or Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	S5.00 Ad Fee Require	ditional ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SPEARS,			Name Strong Add	ross (P.O. Box Num	per is Not Acceptable			
88 CECIL SPEARS RD CRAWFORDVILLE, FL 32327			Street Add	Tess (P.O. Bux Month				
			City	City FL Zip Code			le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office or re	gistered agent, or b	oth, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and ade if applicable. (NOTE:	Registered Agent signature	required when revesting)		CATE		
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 MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Defete	TIFLE			☐ Change	☐ Addition	
NAME	SPEARS, CECIL C		NAME			_ •		
STREET ADDRESS	88 CECIL SPEARS RD		STREET ADORESS					
CITY-ST-ZIP			I -					
	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE		 	☐ Change	Addition	
HAME	MGRM SPEARS, ETHEL	☐ Delete	TITLE NAME			☐ Change	Addition	
1	MGRM SPEARS, ETHEL 88 CECIL SPEARS RD	☐ Delete	TITLE			← Change	Addition	
NAME STREET ADDRESS	MGRM SPEARS, ETHEL	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MGRM SPEARS, ETHEL 88 CECIL SPEARS RD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM SPEARS, ETHEL 88 CECIL SPEARS RD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition	
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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.

TIFLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

NAME OF SIGNING MANAGING MERIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

850-576-9940

Change Addition