

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L99000004985

Limited Liability Company's Name

ROCK HOLDINGS L.L.C.

2010 MAR 19 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800172439188

03/17/10--01037--005 \*\*421.25

CR2E041 (11/09)

1. Principal Office Address - No P.O. Box # <u>4206 W WOODMERE ROAD</u>		3. Mailing Office Address <u>4206 W WOODMERE ROAD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TAMPA, FL</u>		City & State <u>TAMPA, FL</u>	
Zip <u>33609</u>	Country <u>USA</u>	Zip <u>33609</u>	Country <u>USA</u>
4. State/Country of Formation <u>FLORIDA / USA</u>		5. Date Organized or Qualified To Do Business in Florida <u>08/11/1999</u>	
6. FEI Number <u>593644418</u>		Applied For <input checked="" type="checkbox"/> Not Applied	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee req. for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>JOHN J. CARTHY</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4206 WEST WOODMERE ROAD</u>			
Suite, Apt. #, Etc.			
City <u>TAMPA</u>	State <u>FL</u>	Zip Code <u>33609</u>	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/15/2010

9. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEMBER</u>	<u>JOHN J. CARTHY</u>	<u>4206 WEST WOODMERE ROAD</u>	<u>TAMPA / FLORIDA / 33609</u>

REINSTATEMENT

08-10

03-22-10

11. E-mail Address: BARTHAS Doc @ HOT MAIL . COM

(To be used for future annual report notifications)

I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 03/15/2010

Daytime Phone #

813-289-0148  
345-5448

Typed or printed name of signing Managing Member/Manager

JOHN J. CARTHY