

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90066 011 ****50.00

DOCUMENT # L02000007269

1. Entity Name

T.G. ROCK & ASSOCIATES, LLC



Principal Place of Business

**100 SEABREEZE BLVD., #303
DAYTONA BEACH FL 32118**

Mailing Address

**100 SEABREEZE BLVD., #303
DAYTONA BEACH FL 32118**

2. Principal Place of Business

100 Seabreeze Blvd

Suite, Apt., etc.

#124

City & State

Daytona Beach, FL

3. Mailing Address

100 Seabreeze Blvd

Suite, Apt., etc.

#124

City & State

Daytona Beach, FL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0678623

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINDSOR, SEMEXANT JR.
100 SEABREEZE BLVD., #303
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Windsor Semexant, Jr.

Street Address (P.O. Box Number is Not Acceptable)

100 Seabreeze Blvd Suite 124

City

Daytona Beach

FL

Zip Code

32118

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
WINDSOR, SEMEXANT JR.
100 SEABREEZE BLVD., #303
DAYTONA BEACH FL 32118**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CH2E083 (4/03)

0006552