

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90050 036 \*\*\*\*50.00

**DOCUMENT # L02000013638**

1. Entity Name  
**REYNOLDS-ROCK, L.L.C.**



Principal Place of Business  
**2701 KAYAK COURT  
ST. CLOUD, FL 34772**

Mailing Address  
**2701 KAYAK COURT  
ST. CLOUD, FL 34772**

**DO NOT WRITE IN THIS SPACE**



04232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**03-0462249**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROCK, DEBORAH  
2701 KAYAK COURT  
ST. CLOUD, FL 34772**

**DO NOT WRITE  
IN THIS SPACE**

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

*Ursula L. Reynolds, Mgr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-22-05*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ROCK, DEBORAH
STREET ADDRESS	2701 KAYAK COURT
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	MGR
NAME	REYNOLDS, URSULA
STREET ADDRESS	3044 ELBIB DRIVE 3209 EAGLE WATCH DRIVE
CITY-ST-ZIP	ST CLOUD, FL 34772 KISSIMMEE FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

*URSULA L. REYNOLDS*

SIGNATURE:

*Ursula L. Reynolds, Mgr*

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

Date

*4-22-05*

Daytime Phone #

*407 846 7174*