

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000018368 1. Entity Name CUT ROC HOLDINGS, LLC	
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Principal Place of Business C/O JORGE A. CUTILLAS 4645 VILLAGE DRIVE DUNWOODY, GA 30338	Mailing Address C/O JORGE A. CUTILLAS 4645 VILLAGE DRIVE DUNWOODY, GA 30338
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 05-0525564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NACLERIO, STEVEN ESQ.  
201 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131-4332

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTILLAS, JORGE A 4645 VILLAGE DR DUNWOODY, GA 303305742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000631831  
02/20/07-80063-006 50.00

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IN THIS SPACE**

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.

SIGNATURE: Steven Naderes    STEVEN NACLERIO    2/12/07    305-358-5171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #