

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Feb 02, 2005 08:00 AM

Secretary of State

DOCUMENT # L02000027821

1. Entity Name
ROGERS, LLC



Principal Place of Business
**8585 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**

Mailing Address
**8585 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**



01192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3096708

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAMES, E. RUSSELL
8585 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
JAMES, ERUSSELL
8585 MIDNIGHT PASS RD
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000210902
02/02/05-80091-004 50.00

**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)(f), 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: *J. Russell*

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

Date

Daytime Phone #

1-30-05 941-346-9332