


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90038 001 \*\*\*\*50.00

<b>DOCUMENT # L02000031381</b>	
1. Entity Name ROSI, LLC	

Principal Place of Business 5675 NEW TAMPA HWY UNIT #5 LAKELAND FL 33815 US	Mailing Address P.O. BOX 91627 LAKELAND FL 33804 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>5675 NEW TAMPA HWY.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>UNIT #5</i>

1st MOORE CR2E083 (10/06)

City & State <i>LAKELAND, FL</i>	4. FEI Number <b>65-0451570</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>33815</i>	Country <i>FLORIDA</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
ROLLING OAK SUPPLY, INC. 7838 ROLLING GROVE DR. E LAKELAND FL 33810	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROLLING OAK SUPPLY, INC. 7838 ROLLING GROVE DR. E LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Dorothy A. Saccoman* **DOROTHY A. SACCOMAN** 1-26-07 (803) 688-9007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #