


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90136 022 ***138.75

DOCUMENT # L02000031381
 1. Entity Name
 ROSI, LLC



Principal Place of Business Mailing Address
 5675 NEW TAMPA HWY UNIT #5 LAKELAND FL 33815 US
 5675 NEW TAMPA HWY UNIT #5 LAKELAND FL 33815 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. UNIT # 3
 Suite, Apt. #, etc. UNIT # 3

1st MOORE CR2E083 (10/07)

City & State City & State

4. FEI Number 65-0451570 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 ROLLING OAK SUPPLY, INC.
 7838 ROLLING GROVE DR. E
 LAKELAND FL 33810

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number in Not Applicable)
 4244 WINDCHIME LN
 City LAKELAND FL Zip Code 33811

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 *Dorothy A. Saccoman* DOROTHY A. SACCOMAN 1/28/07
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's qualification required when renouncing) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	5675 NEW TAMPA HWY #3 LAKELAND, FL 33815	
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"/> Change <input type="checkbox"/> Addition
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"/> 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 1/28/08 8036889007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DISTRICT PHONE #