2008 LIMITED MABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022926

1. Entity Name

ROCK SOLID RIP RAP LLC

FILED Feb 27, 2008 08:00 AN Secretary of State

Principal Place of Business

2019 LEAR COURT

NORTH FORT MYERS, FL 33909

Mailing Address

2019 LEAR COURT

NORTH FORT MYERS, FL 33909



 \Box

DO NOT WRITE IN THIS SPACE

02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4256158 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

239-99*5* **-** 3889

6. Name and Address of Current Registered Agent

LONG, JOHN K JR 1697 LAKESIDE TERRACE N. FT. MYERS, FL 33903

IGNATURE: 🕒

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 Ag	ent signature required when reinstitting)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		3	
NAME SIREET ADDRESS CITY-ST-ZIP	SARTORIUS, LEE 2019 LEAR CRT CAPE CORAL, FL 33909			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JOHN 1697 LAKESIDE TERRACE NORTH FORT MYERS, FL 33903			000000841313 03/10/08-80011-015 138.75
NAME STREET ADDRESS CHY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- ST- ZIP			IN T	THIS SPACE
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NAME : STREET ADDRESS CITY-ST-ZIP	Appropriate the second of the		and the second of the second o	and the second s
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 peceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes				

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