2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000030152

1. Entity Name
ROC, LLC

Principal Place of Business	Mailing Address
109 W. WHEELER ROAD SEFFNER, FL 33584	109 W. WHEELER ROAD SEFFNER, FL 33584

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04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0187441
☐ Applied
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HINES, JAMES P JR.
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CORNISH, ORIN EUGENE
STREET ADDRESS	109 W. WHEELER ROAD
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	MGR
NAME	MCCORMICK, RITA A
STREET ADDRESS	109 W. WHEELER ROAD
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80072-015 50.00

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.