


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 005 ****55.00

DOCUMENT # L03000034861

1. Entity Name
ROCKWELL ACCOUNTING, LLC



Principal Place of Business
**9015 BOWMAN AVE
 PENSACOLA, FL 32534**

Mailing Address
**9015 BOWMAN AVE
 PENSACOLA, FL 32534**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05012004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
**ROCKWELL, CEREZA
 9015 BOWMAN AVE
 PENSACOLA, FL 32534**

4. FEI Number
47-0930385

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____

**Filing Fee is \$50.00
 Due by September 8, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	ROCKWELL, CEREZA	9015 BOWMAN AVE	PENSACOLA, FL 32534	<input checked="" type="checkbox"/>
MGRM	ROCKWELL, VANCE	9015 BOWMAN AVE	PENSACOLA, FL 32534	<input type="checkbox"/>
MGRM	VITAL, VILLAMOR	9015 BOWMAN AVE	PENSACOLA, FL 32534	<input type="checkbox"/>
MGRM	DEGUZMAN, CORAZON	9015 BOWMAN AVE	PENSACOLA, FL 32534	<input type="checkbox"/>
MGRM	DEGUZMAN, CAMILLEE	9015 BOWMAN AVE	PENSACOLA, FL 32534	<input type="checkbox"/>
MGRM	DEGUZMAN, MARK	9015 BOWMAN AVE	PENSACOLA, FL 32534	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGRM	ROCKWELL, CEREZA	9015 BOWMAN AVE	PENSACOLA FL 32534	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	VERGEL VITAL	1858 SAN MARCELINO ST	MALETE, MANILA, PHILIPPINES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	CLARISSA FUNESTO	1930-G CAMPILLO ST	MALETE, MANILA, PHILIPPINES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cereza Rockwell **5/1/2004** **(850)475-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #