

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90282 011 ****50.00

DOCUMENT # L03000047460

1. Entity Name

ROLLINS SUPPLY LLC



Principal Place of Business

**730 ROLLINS ST
TALLAHASSEE FL 32304**

Mailing Address

**PO BOX 1801
TALLAHASSEE FL 32302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32304

USA

32302

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROLLINS, BARBARA M
730 ROLLINS ST
TALLAHASSEE FL 32304**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROLLINS, THOMAS	
STREET ADDRESS	730 ROLLINS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROLLINS, BARBARA M Rollins	
STREET ADDRESS	730 ROLLINS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLACK, REGGIE	
STREET ADDRESS	730 ROLLINS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRADWELL, CYNTHIA	
STREET ADDRESS	730 ROLLINS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: Barbara M. Rollins

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

2-20-04

Date

850 224 2276

Daytime Phone #