

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047460

1. Entity Name
ROLLINS SUPPLY LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JAN -7 AM 9: 54

Principal Place of Business
730 ROLLINS ST
TALLAHASSEE, FL 32304

Mailing Address
PO BOX 1801
TALLAHASSEE, FL 32302



01072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0686203

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROLLINS, BARBARA M
730 ROLLINS ST
TALLAHASSEE, FL 32304

**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 Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROLLINS, THOMAS
730 ROLLINS ST
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROLLINS, BARBARA M
730 ROLLINS ST
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLACK, REGGIE
730 ROLLINS ST
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRADWELL, CYNTHIA
730 ROLLINS ST
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000044291220
01/07/05--01007--004 **110.00

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IN THIS SPACE**

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

1-07-05

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

Date

Daytime Phone #

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