

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000048172

1. Entity Name
ROOT MORTGAGE III, LLC



Principal Place of Business
**275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174**

Mailing Address
**275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174**



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1610984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOGES, WILLIAM J
275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174**

**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	MGR VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARONEY, PHILIP 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174
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04/01/05-80065-010 50.00

**DO NOT WRITE
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:

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

William J. Voges

3/30/2005

386 671 4908

Date

Daytime Phone #