2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State
05-27-2008 90371 050 ***138.75

DOCUMENT # L04000015089

1. Entity Name
ROPER SERVICES LLC

Principal Place of Business	Mailing Address
2849 NORTH BANANA RIVER DRIVE COCOA, FL 32952 US	2849 NORTH BANANA RIVER DRIVE COCOA, FL 32952 US

DO NOT WRITE IN THIS SPACE

05222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0764558
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROPER, STEPHEN W
3620 NORTH INDIAN RIVER DRIVE
COCOA, FL 32926

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] STEPHEN ROPER 5.22.08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROPER, STEPHEN W
STREET ADDRESS	3620 NORTH INDIAN RIVER DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #