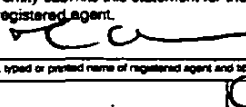
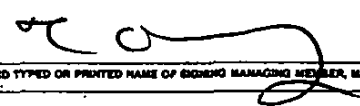


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

04-04-2005 90430 017 *****55.00

DOCUMENT # L04000017493			
1. Entity Name ROCK SOLID HOLDINGS, LLC			
Principal Place of Business 233 HARVARD BLVD. LYNN HAVEN, FL 32444 US		Mailing Address 233 HARVARD BLVD. LYNN HAVEN, FL 32444 US	
2. Principal Place of Business 818 Redcliff Ave		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LYNN HAVEN FL		City & State Same	
Zip 32444	Country USA	Zip	Country
4. Name and Address of Current Registered Agent OSHESKY, TIM 233 HARVARD BLVD. LYNN HAVEN, FL 32444		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 		DATE 3/31/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSHESKY, TIM 233 HARVARD BLVD. LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mr. Timothy Oshesky 818 Redcliff Ave Lynn Haven, FL 32444-3041 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSHESKY, LISA R 233 HARVARD BLVD. LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same as above ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE 3/31/05 850 271 4345	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30005419



03192005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0834993** Applied For Not Applicable

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