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

30005419

Principal Place of Business	Mailing Address
233 HARVARD BLVD. LYNN HAVEN, FL 32444 US	233 HARVARD BLVD. LYNN HAVEN, FL 32444 US

03192005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
818 Radcliff Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lynn Haven FL	City & State: Same
Zip: 32444 Country: USA	Zip Country

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

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

6. Name and Address of Current Registered Agent
OSHESKY, TIM
233 HARVARD BLVD.
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent
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] DATE 3/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Radcliff 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
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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: [signature] 3/31/05 850 271 4345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #