2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# L04000017493

Entity Name: ROCK SOLID HOLDINGS, LLC

Current Principal Place of Business:

818 RADCLIFF AVE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

704 24TH STREET E
LYNN HAVEN, FL 32444 US

Current Mailing Address:

818 RADCLIFF AVENUE
LYNN HAVEN, FL 32444 US

New Mailing Address:

PO BOX 1413
LYNN HAVEN, FL 32444 US

FEI Number: 20-0834993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSHESKY, TIM MGRM
818 RADCLIFF AVE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

OSHESKY, TIM MGRM
704 24TH STREET E
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: TIM OSHESKY 04/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: OSHESKY, TIM
Address: 818 RADCLIFF AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM (X) Delete
Name: OSHESKY, LISA R
Address: 818 RADCLIFF AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OSHESKY, TIM
Address: 704 24TH STREET E
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM OSHESKY MGRM 04/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date