

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90043 027 ****50.00

DOCUMENT # L04000032043 1. Entity Name ROCKLEDGE RETINA LLC					
Principal Place of Business 44 LAKE BEAUTY DRIVE SUITE 300 ORLANDO, FL 32806			Mailing Address 44 LAKE BEAUTY DRIVE SUITE 300 ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02072005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 42-1628014				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLSON, JOHN C 44 LAKE BEAUTY DRIVE SUITE 300 ORLANDO, FL 32806			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
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	MGR OLSON, JOHN C 44 LAKE BEAUTY DRIVE ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNES, DURHAM 44 LAKE BEAUTY DRIVE ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHMOND, PRESTON P 44 LAKE BEAUTY DRIVE ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMMING, SUZANNE M 44 LAKE BEAUTY DRIVE ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEB, DOUGLAS 44 LAKE BEAUTY DRIVE ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAIKH, SAAD 44 LAKE BEAUTY DRIVE ORLANDO, FL 32806	☐ Delete			
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.			2/23/05		
SIGNATURE: _____			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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