



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90012 036 ****55.00

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|---|--|--|---|--|--|
| DOCUMENT # L04000046843 1. Entity Name ROLLO ELECTRIC CO. LLC | | | |  | |
| Principal Place of Business 7 GUNN CIR PENSACOLA, FL 32506 US | | | Mailing Address 7 GUNN CIR PENSACOLA, FL 32506 US | | |
| 2. Principal Place of Business 7 GUNN Circle | | 3. Mailing Address 7 GUNN Circle | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PENSACOLA FL | | City & State PENSACOLA FL | | 4. FEI Number 59-3443712 | |
| Zip 32506 | | Country US | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROLLO, THOMAS D 7 GUNN CIR PENSACOLA, FL 32506 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ROLLO, THOMAS D 7 GUNN CIR PENSACOLA, FL 32506 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 606, Florida Statutes. | | | | | |
| SIGNATURE: <u>Tom Rollo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 9/2/05 850.572.9778 <small>Date Daytime Phone #</small> | | |