

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000047056**

1. Entity Name  
**ROCJULS, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 12 AM 9:27

Principal Place of Business  
820 WEST DEES ROAD  
LAKELAND, FL 33809

Mailing Address  
820 WEST DEES ROAD  
LAKELAND, FL 33809



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2162226

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FERREIRA, RANDY X  
820 WEST DEES ROAD  
LAKELAND, FL 33809

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FERRERA, RANDY X  
820 W DEES RD  
LAKELAND, FL 33809

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
~~FERREIRA, JACK~~ Ferreira, Julee  
820 W DEES RD  
LAKELAND, FL 33809

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #