### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000076509**

1. Entity Name ROGSMITH, LLC



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

301 W. WASHINGTON ST MINNEOLA, FL 34715 Mailing Address

P.O/ BOX 120549 CLERMONT, FL 34711



### DO NOT WRITE IN THIS SPACE

01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1781943 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

ROGERS, JERRY L 41414 MARGUETTE ROAD UMATILLA, FL 32784

## 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.	
_		

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGERS, JERRY L 41414 MARGUETTE ROAD UMATILLA, FL 32784	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS City-St-zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the e		

000000672510 03/28/07-80073-808 50.00

# 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: Play I. Rown

SIGNATURE AND TYPES OR PRINTED HAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-15-0

352-267-1851

Daytime Phone #

..........