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May 09, 2005 8:00 am
Secretary of State
04-14-2005 90032 006 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

DOCUMENT # L04000078986

1. Entity Name
ROSS INDUSTRIES, LLC

Principal Place of Business	Mailing Address
11480 PALM BEACH BLVD. FORT MYERS, FL 33905	11480 PALM BEACH BLVD. FORT MYERS, FL 33905

04122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
11480 PALM BEACH BLVD		11480 PALM BEACH BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. MYERS, FLA.		City & State: FT. MYERS, FLA	
Zip: 33905	Country: USA	Zip: 33905	Country: USA

4. FEI Number: 20-1837228 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, ROBERT
11480 PALM BEACH BLVD.
FORT MYERS, FL 33905

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 [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, 2005**

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL ROBERT L. ROSS 2131 DAVIS BLVD FT. MYERS, FL. 33905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: ____________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #