

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

2/22

02-22-2005 90072 021 \*\*\*\*50.00

30003247



02082005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2283377** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | MGRM                  | <input type="checkbox"/> Delete |
| NAME           | SAMUELS, FREDERICK G  |                                 |
| STREET ADDRESS | P.O. BOX 741373       |                                 |
| CITY-ST-ZIP    | ORANGE CITY, FL 32774 |                                 |
| TITLE          | MGRM                  | <input type="checkbox"/> Delete |
| NAME           | SAMUELS, PAMELA       |                                 |
| STREET ADDRESS | P.O. BOX 741373       |                                 |
| CITY-ST-ZIP    | ORANGE CITY, FL 32774 |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

## 10. ADDITIONS/CHANGES

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frederick G. Samuels FREDERICK G. SAMUELS 2-19-05  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE One Daytime Phone #

**x**



3003247  
#L04000086248

Date of this notice: 02-17-2005

Employer Identification Number:  
20-2283377

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

ROHSONIC HOLDINGS LLC  
SAMUELS FREDERICK MBR  
PO BOX 741373  
ORANGE CITY FL 32774

006178

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an EIN. We assigned you EIN 20-2283377. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)

02-17-2005 ROHS B 0132664548 SS-4

ROHNSONIC HOLDINGS LLC  
SAMUELS FREDERICK MBR  
PO BOX 741373  
ORANGE CITY FL 32774

ATTACHMENT 3003247

April 4, 2005

Rohsonic Holdings, LLC  
P.O. Box 741373  
Orange City, FL 32774-1373

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Reference: L04000086248

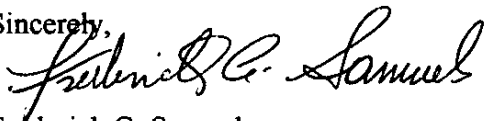
To Whom It May Concern:

Thank you for your letter of March 7<sup>th</sup> informing me that the EIN number in Box 4 of the Annual Report that I filed was invalid.

Please find enclosed a copy of my notification letter from the Internal Revenue Service displaying the same EIN number. I have also spoken to a representative of the IRS who informs me that this number is, indeed, valid.

I would like to respectfully submit to you that since I am not as knowledgeable as persons in that office with these matters that it might be possible for someone to educate me as to the correct number that I should use.

Sincerely,



Frederick G. Samuels