

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000200

Entity Name: ROCK SOLID LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 1099
BAKER, MT 59313 US

New Principal Place of Business:

PO BOX 1167
GLEN DIVE, MT 59330 US

Current Mailing Address:

PO BOX 1099
BAKER, MT 59313 US

New Mailing Address:

P.O. BOX 1167
GLEN DIVE, MT 59330 US

FEI Number: 20-2100757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEONARD, RHONDA
Address: PO BOX 1099
City-St-Zip: BAKER, MT 59313 US

Title: MGR () Delete
Name: LEONARD, MICHAEL
Address: PO BOX 1099
City-St-Zip: BAKER, MT 59313 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEONARD, RHONDA
Address: PO BOX 1167
City-St-Zip: GLEN DIVE, MT 59330 US

Title: MGR (X) Change () Addition
Name: LEONARD, MICHAEL
Address: P.O. BOX 1167
City-St-Zip: GLEN DIVE, MT 59330 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RHONDA LEONARD

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date