

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016779

Entity Name: ROIEL PRODUCTS, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

13232 S.E. 145TH AVENUE
OCKLAWAHA, FL 32179 US

New Principal Place of Business:

2410 NW 8TH PLACE
UNIT B
OCALA, FL 34474 US

Current Mailing Address:

13232 S.E. 145TH AVENUE
OCKLAWAHA, FL 32179 US

New Mailing Address:

FEI Number: 20-2363106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAPES, SCOTT L
13232 S.E. 145TH AVENUE
OCKLAWAHA, FL 32179 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: MGRM () Delete
Name: MAPES, SCOTT L
Address: 13232 S.E. 145TH AVENUE
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: MGRM () Delete
Name: MAPES, SHAWN L
Address: 13232 S.E. 145TH AVENUE
City-St-Zip: OCKLAWAHA, FL 32179 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT MAPES

CEO

04/26/2006

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