

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031630

Entity Name: ROGELIO FLORES, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

16298 TWOWOOD WAY
INDIANTOWN, FL 34956

New Principal Place of Business:

301 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

Current Mailing Address:

16298 TWOWOOD WAY
INDIANTOWN, FL 34956

New Mailing Address:

301 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

FEI Number: 65-1246262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: FLORES, ROGELIO JR.
Address: 16298 TWOWOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: ST () Delete
Name: FLORES, ROGELIO JR.
Address: 16298 TWOWOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLORES, ROGELIO JR.
Address: 301 NW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ST (X) Change () Addition
Name: FLORES, ROGELIO JR.
Address: 301 NW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify 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: ROGELIO FLORES JR

OWNE

04/25/2007

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