2009 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2009

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 2:03

DOCUMENT # L05000053689

1. Entity Name

ROCKFORD OFFICE GROUP, LLC

Principal Place of Business	Mailing Address
1758 SE LARK LN NAVARRE, FL 32566	P.O. BOX 5715 NAVARRE FL 32566 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 14-1972903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROCKFORD Trust
1758 SEA LARK LN
NAVARRE FL 32566

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 o

SIGNATURE _____ DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2009, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. MGRM ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GREGORY A. KOBE, TRUSTEE P.O. BOX 5715 NAVARRE FL 32566	☐ Delete	Rockford Trust PO Box 5715 Navarre, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600156791806 06/04/09--01020--025 **138.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600156791806 06/04/09--01020--025 **138.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 general partner or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ 4/3/09

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

T. Hampton JUN 10 2009