

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90135 028 \*\*\*\*50.00

**DOCUMENT # L05000091072**

1. Entity Name  
**ROLLO ENTERPRISES, LLC**



Principal Place of Business

~~4863 PRIMROSE PATH~~  
~~SARASOTA, FL 34242~~

Mailing Address

**4863 PRIMROSE PATH**  
**SARASOTA, FL 34242**

2. Principal Place of Business

**Hearts Desire**  
Suite, Apt. #, etc.  
**1221 12th St W**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Bradenton FL**  
Zip  
**34242** Country  
**USA**

City & State

Zip Country

02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-3501173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHEA, JOHN J**  
**269 SOUTH OSPREY AVENUE**  
**SUITE 100**  
**SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name  
**Vicki Rollo**  
Street Address (P.O. Box Number is Not Acceptable)  
**4863 Primrose Path**  
City  
**Sarasota FL** Zip Code  
**34242**

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 **Vicki C. Rollo manager** DATE **2/27/06**

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ROLLO, JAMES A</b> <b>4863 PRIMROSE PATH</b> <b>SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ROLLO, VICKI C</b> <b>4863 PRIMROSE PATH</b> <b>SARASOTA, FL 34242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Vicki C. Rollo Vicki C. Rollo** **2/27/06** **941-349-4372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #