FILED
Aug 21, 2006 8:00 am
Secretary of State
05-01-2006 90069 009 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106197

1. Entity Name
SOLID ROCK FINANCIAL GROUP OF FLORIDA, LLC

Principal Place of Business
~~631 WEST LUMSDEN ROAD~~
~~BRANDON, FL 33511~~

Mailing Address
~~631 WEST LUMSDEN ROAD~~
~~BRANDON, FL 33511~~

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business: 1438 Bloomingdale Ave
Suite, Apt. #, etc.
City & State: Valrico, FL
Zip: 33594 Country: USA

3. Mailing Address: 1438 Bloomingdale Ave.
Suite, Apt. #, etc.
City & State: Valrico, FL
Zip: 33594 Country: USA

4. FEI Number: 20-4353080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~JARRETT, ALAN W~~
~~4090 CONCORD WAY~~
~~PLANT CITY, FL 33566~~

7. Name and Address of New Registered Agent
Name: Solid Rock Financial Group, LLC
Street Address (P.O. Box Number is Not Acceptable): 1438 Bloomingdale Ave.
City: Valrico FL Zip Code: 33594

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: [signature], Robert McKeny, member 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

MANAGER

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Solid Rock Financial Group LLC 1438 Bloomingdale Ave Valrico, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature], Robert McKeny, 4/28/06 813-413-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #