

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000108246

1. Entity Name
ROGERS CLIENT SERVICES LLC



Principal Place of Business
111 AVENUE R NE
WINTER HAVEN, FL 33881

Mailing Address
P.O. BOX 7451
WINTER HAVEN, FL 33883



2. Principal Place of Business
111 Ave R NE

3. Mailing Address
111 Ave R NE

Suite, Apt. #, etc.
Suite H
City & State
Winter Haven, FL
Zip
33881
Country
POLIC

Suite, Apt. #, etc.
Suite H
City & State
Winter Haven, FL
Zip
33881
Country
POLIC

01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, GERALDINE
811 22ND STREET NW
WINTER HAVEN, FL 33881

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 of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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	<input type="checkbox"/> Delete
	MGKRM			
	Geraldine Rogers			
	111 Ave R. NE		WH, FL 33881	

10. ADDITIONS/CHANGES

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:

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

Date

Daytime Phone #

1/18/06 823-258-8793