


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90148 015 \*\*\*138.75

<b>DOCUMENT # L05000120911</b>	
1. Entity Name LAW OFFICE OF KATRINA D. ROLLE, PLLC	

Principal Place of Business 215 DELTA COURT TALLAHASSEE, FL 32303	Mailing Address 215 DELTA COURT TALLAHASSEE, FL 32303
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60015836



2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 13615
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Tallahassee, FL
Zip	Country
32317	

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1266649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  ROLLE, KATRINA D 215 DELTA COURT TALLAHASSEE, FL 32303	
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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 <i>Katrina D Rolle</i>	DATE 3/18/08
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	Make check payable to: <b>Florida Department of State</b>
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8. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROLLE, KATRINA D 215 DELTA COURT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO Box 13615 Tallahassee, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <i>Katrina D Rolle</i>	DATE 3/18/08 850.576. 7655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	