


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90064 038 ****50.00

DOCUMENT # L05000121596 1. Entity Name ROSSI TOOL SERVICE, LLC					
Principal Place of Business 2504 HIBISCUS DRIVE UNIT 6 EDGEWATER, FL 32141 US			Mailing Address 3207 WILLOW OAK DRIVE EDGEWATER, FL 32141 US		
2. Principal Place of Business		3. Mailing Address P.O. Box 64			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Edgewater, FL		4. FEI Number 20-3979138	
Zip		Zip 32132		Country Volusia	
6. Name and Address of Current Registered Agent ROSSI, PATRICK T 2504 HIBISCUS DRIVE UNIT 6 EDGEWATER, FL 32141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when constating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSI, PATRICK T 3207 WILLOW OAK DRIVE EDGEWATER, FL 32141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 			Patrick T. Rossi		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 7/5/06 Daytime Phone #: 386-428-3330		