## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000006334** 

1. Entity Name

ROCHELLE HOLDINGS III, LLC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

1900 SUMMIT TOWER BLVD.

SUITE 820

ORLANDO, FL 32810

Mailing Address

1900 SUMMIT TOWER BLVD.

**SUITE 820** 

ORLANDO, FL 32810



DO NOT WRITE IN THIS SPACE

01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 74-3160734

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, CONNIE J 1900 SUMMIT TOWER BLVD., STE. 820 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

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 iamiliar 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 reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	PAYNE, CONNIE J	
STREET ADDRESS	3631 LAKÉVIEW DR.	
CITY-ST-ZIP	APOPKA, FL 327036116	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exe		

U00000935802 05/23/08-80087-004 138.79

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATI

4-20.06

Una - 975 - 7400

Daylime