2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021303

12708 BOX DRIVE

HUDSON, FL 34667 US

Address:

City-St-Zip:

Entity Name: LAWRENCE ROARK CONSULTING LLC

FILED Aug 31, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
12708 BO) HUDSON,				
Current M	ailing Address:	New Mailing Addre	New Mailing Address:	
12708 BOX HUDSON,				
	ce with s. 607.193(2)(b), F.S., the limited liab	lity company did not receive the prior not		
Name and	Address of Current Registered Age	nt: Name and Address	of New Registered Agent:	
ROARK, L. 12708 BO) HUDSON,				
	named entity submits this statement fo e of Florida.	r the purpose of changing its registe	red office or registered agent, or both	
SIGNATUF	RE:			
	Electronic Signature of Register	ed Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete ROARK, LAWRENCE 12708 BOX DRIVE HUDSON, FL 34667 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ROARK, MARY 12708 BOX DRIVE HUDSON, FL 34667 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ROARK, JASSON 12708 BOX DRIVE HUDSON, FL 34667 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: LAWRENCE ROARK MGR 08/31/2008