

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90079 030 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000025397

1. Entity Name
R.O.K. TRANSPORT, LLC



Principal Place of Business
3106 PETERBOROUGH ST
HOLIDAY, FL 34690 US

Mailing Address
3106 PETERBOROUGH ST
HOLIDAY, FL 34690 US

20002445



01042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
3106 PETERBOROUGH ST

3. Mailing Address

3106 PETERBOROUGH ST.

Suite, Apt. #, etc.
HOLIDAY, FL.

Suite, Apt. #, etc.
HOLIDAY, FL.

City & State

City & State

4. FEI Number

20-4468818

Applied For

Not Applicable

Zip 34690 Country USA

Zip 34690 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUBIAK, RYSZARD
3106 PETERBOROUGH ST
HOLIDAY, FL 34690

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KUBIAK, RYSZARD
STREET ADDRESS 3106 PETERBOROUGH ST
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ORZEL-KUBIAK, WANDA
STREET ADDRESS 3106 PETERBOROUGH ST
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #