2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

☐ Change

Addition

DOCUMENT # L06000030186 1. Entity Name ROA, LLC				04-28-2008	3 90032 041 ***138.75	
Principal Place of Business Mailing Address			····		O m = . '	
4455 ST R 64 EAST BRADENTON, FL 34208		P.O. BOX 20755 BRADENTON, FL 34204		60029534		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEt Number Applied For 20-5180057 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired Specificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CROSS, ROBERT D			Name	Name		
4455 ST RD 64 EAST BRADENTON, FL 34208			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	□		
The above named entity submits this statement for the purpose of changing its register.			'	FL ' '		
the obliga	e named entity submits this statement tions of registered agent.	t for the purpose of changing its	s registered office or regis	ered agent, or both, in the State of Fl	orida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signature requ	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.7		75			Make check payable to Florida Department of State	
9. MANAGING MEM		BERS/MANAGERS	10.	ADDITIONS	/CHANGES	
TITLE	MGR	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	CROSS, ROBERT 4455 ST RD 64 EAST		NAME STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP			
TITLE	<u> </u>	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS						
			STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP			
TITLE NAME		☐ Delete	STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		- The second sec	STREET ADDRESS CITY-S1-ZIP TITLE NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE		Change 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #