## 2008 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

## Apr 09, 2008 8:00 am Secretary of State **DOCUMENT # L06000035620** 04-09-2008 90126 030 \*\*\*138.75 ROGERS ENTERPRISES OF SARASOTA, LLC Principal Place of Business Mailing Address **1326 17TH STREET** 1326 17TH STREET 60021158 SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-4831638 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, JEFFERSON A Street Address (P.O. Box Number is Not Acceptable) **1326 17TH STREET** SARASOTA, FL 34234 City Zio 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, 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. MGRM тап ғ □ Delete TITLE ☐ Change ☐ Addition NAME ROGERS, JEFFERSON A NAME STREET ADDRESS **1326 17TH STREET** STREET ADDRESS CITY-ST-ZIE SARASOTA, FL 34234 CITY-ST-7IP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Change

**FILED**