2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State
04-12-2007 90178 034 ****50.00

DOCUMENT # L06000045396

1. Entity Name
ROLL KING, LLC

Principal Place of Business	Mailing Address
14550 GLEN COVE DRIVE #702 FORT MYERS, FL 33919	14550 GLEN COVE DRIVE #702 FORT MYERS, FL 33919

03252007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2720268 ☐ Applied For ☐ Not Applicable

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
RANDOLPH, MICHAEL D ESQ. 1619 JACKSON STREET FORT MYERS, FL 33901	Name Agnes Buerckmann Street Address (P.O. Box Number is Not Acceptable) 14550 Glen Cove Drive #702 City Fort Myers FL Zip Code 33919

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUERCKMANN, AGNES 14550 GLEN COVE DRIVE #702 FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted] ROLL KING EUROPEAN ROLLDOWN SHUTTERS 14550 Glen Cove Dr 702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted] ☐ Addition 1058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fort Myers, FL 33919 ☐ Delete Pay to the order of Division of Corporations	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANCH ☐ Change ☐ Addition 04-09-07 Date $ 50.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fifty ☐ Delete WACHOVIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dollars ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wachovia Bank, N.A. ☐ Delete wachovia.com For Annual Report	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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 #