## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

May 07, 2007 8:00 am Secretary of State 05-07-2007 90381 008 \*\*\*\*50.00 DOCUMENT # L06000055672 ROCKY'S ROLLIN BBQ, LLC 60049515 Principal Place of Business Mailing Address 2060 SANDY HILL LANE 2060 SANDY HILL LANE NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc Suite, Apt. #, etc. 05022007 Cha-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 83-0461512 Not Applicable \$5.00 Additional Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ... -6.-Name and Address of Current Registered Agent Name COOLE-CANTORE, DENISE L Street Address (P.O. Box Number is Not Acceptable) 2060 SANDY HILL LANE NORTH PALM BEACH, FL 33408 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, 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 September 14, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGRM TITLE Change | ☐ Addition TITLE ☐ Delete CANTORE, ROCCO NAME NAME 2060 SANDY HILL LANE STREET ADDRESS STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY ST ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

**FILED**