2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000096184

1. Entity Name
ROAR WORKS, LLC

Principal Place of Business	Mailing Address
12090 NW 100TH STREET OCALA, FL 34482	12090 NW 100TH STREET OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

05282008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5654834	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROWLEY, LAURA S
12090 NW 100TH STREET
OCALA, FL 34482

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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

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ROWLEY, LAURA A
STREET ADDRESS	12090 NW 100TH STREET
CITY-ST-ZIP	OCALA, FL 34482
TITLE	MGR
NAME	ROWLEY, ROBERT V
STREET ADDRESS	12090 NW 100TH STREET
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952424
06/04/08-80079-016 138.75

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Robert V Rowley_   5/28/08