


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000108390 1. Entity Name CHARLES ROLLINS L.L.C.					
Principal Place of Business 407 CROSSWAY COURT TALLAHASSEE, FL 32305			Mailing Address 407 CROSSWAY COURT TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1933 SAXON STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee, FL		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32304		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROLLINS, CHARLES 407 CROSSWAY COURT TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1933 SAXON STREET City Tallahassee FL Zip Code 32304	
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 <u><i>Charles Rollins</i></u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROLLINS, CHARLES 407 CROSSWAY COURT TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Charles Rollins</i></u> <u>4/14/08</u> <u>850-322/1407</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED
08 APR 25 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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City

Tallahassee

FL

Zip Code
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**Make check payable to
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407 CROSSWAY COURT
TALLAHASSEE, FL 32305

☐ Delete

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Charles Rollins

4/14/08

850-322/1407

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

Date

Daytime Phone #