04/30/2007 11:04 FAX

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90174 011 ****50.00

DOCUMENT # L06000115662

1. Entity Name
ROCK SOLID DESIGNS, LLC

Principal Place of Business	Mailing Address
102 SYLVAN GLEN SAN MATEO, FL 32187	102 SYLVAN GLEN SAN MATEO, FL 32187

4011...

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6980 US 1, North	
Suite, Apt. #, etc. 108	Suite, Apt. #, etc.
City & State ST. AUGUSTINE, Fl	City & State
Zip 32092 Country St. Johns	Zip Country

02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 45-0556602 ☑ 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
RAZURI, CARLA 102 SYLVAN GLEN SAN MATEO, FL 32187	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Carla Razuri 4/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE mgrm NAME Fisher, Kevin STREET ADDRESS 102 Sylvan Glen CITY-ST-ZIP San Mateo, FL 32187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE ~~Mgrm~~ President NAME Razuri, Carla STREET ADDRESS 102 Sylvan Glen CITY-ST-ZIP San Mateo, FL 32187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 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: Carla Razuri 4/20/07 904-703-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #