2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000117255 1. Entity Name					LD	
1. Entity Name LA ROCCO SERVICES LLC				07 MAR -5 (PM 12: 34	
Principal Place of Business	,	Mailing Address	l .	SECRETARY	OF STATE	
5101 HWY 90 E.		PO BOX 6072		TALLAHASSEI	E. FLORIDA	
Marianna, Fl 32446		Marianna, FL 32447				
					1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
					·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222007 Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number	Applied For	
					Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$5.00 Additional	
					Fee Required	
6. Name and Address of Current Registered Agent			Name ,	7. Name and Address of New Re	egistered Agent	
HINES, DONALD				LIGHA LAROCCO		
1437 TAMI TRAIL		Street Addres		(P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL	32311			3101 Hard 40		
			City	nianna.	FL 3 5 4 4 6	
		for the purpose of changing its re		stered agent, or both, in the State of Flo	rida. I am familiar with, and accept	
the obligations of registe	ered agent.	11 +			n ~	
SIGNATURE	Mann	J CHOCK			3-5-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filling Fee is \$50.00 Make check payable to						
Filing Fee is \$50.00 Due by May 1, 2007					Department of State	
1						
			_			
9.	MANAGING MEME		10.	ADDITIONS/		
TITLE MGRM		SERS/MANAGERS Delete	TITLEMGEN	Lhann Lat		
TITLE MGRM NAME HINES, DO	ONALD					
TITLE MGRM NAME HINES, DO STREET ADDRESS 1437 TAM	ONALD		TITLE MG M	Luann Lat		
TITLE MGRM NAME HINES, DO STREET ADDRESS 1437 TAM	ONALD II TRAIL		TITLE MG MAME STREET ADDRESS	Luann Lat		
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