
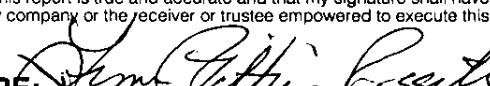


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 011 ***138.75

DOCUMENT # L07000035156					
1. Entity Name ROSSILLON, LLC					
Principal Place of Business 9445 NORTHWEST 60TH AVENUE OCALA, FL 34482			Mailing Address 9445 NORTHWEST 60TH AVENUE OCALA, FL 34482		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PITTION-ROSSILLON, LYNN PALM 9445 NORTHWEST 60TH AVENUE OCALA, FL 34482			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
			MSRM Lynn Pition-Rossillon 9445 NW 60th Ave Ocala, FL 34482		
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: 			Date <u>2/28/08</u> Daytime Phone # <u>352 629-3310</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60039390



02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1930027 Applied For ☐ Not Applicable ☐
 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required