

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

DOCUMENT # L99000004985

Limited Liability Company's Name

ROCK HOLDINGS L.L.C.

2010 MAR 19 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800172439188

03/17/10--01037--005 **421.25

CR2E041 (11/09)

1. Principal Office Address - No P.O. Box # 4206 W WOODMERE ROAD		3. Mailing Office Address 4206 W WOODMERE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33609	Country USA	Zip 33609	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 08/11/1999	
6. FEI Number 593644418	Applied For <input checked="" type="checkbox"/> Not Applied
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee req for a Certificate of Sta	

8. Name and Address of Current Registered Agent

Name: JOHN J. CARTHY

Street Address (P.O. Box Number is Not Acceptable): 4206 WEST WOODMERE ROAD

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33609

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Date: 03/15/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	JOHN J. CARTHY	4206 WEST WOODMERE ROAD	TAMPA / FLORIDA / 33609

REINSTATEMENT 08-10

03-2010

11. E-mail Address: BAHAMAS DOC @ HOT MAIL . COM

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Date: 03/15/2010 Daytime Phone #: 813-289-0148

Printed name of signing Member/Manager: JOHN J. CARTHY