

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000548

FILED
Mar 16, 2007
Secretary of State

Entity Name: ROCKLAND CONSULTING, LLC

Current Principal Place of Business:

1961 GLENFIELD CROSSING COURT
SUITE 108
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

2220 COUNTY RD. 210 W.
108
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 56-2287009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLON, SEAN E
1961 GLENFIELD CROSSING COURT
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALLON, SEAN E MR.
Address: 1961 GLENFIELD CROSSING COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: MGRM () Delete
Name: MALLON, JENNIFER A
Address: 1961 GLENFIELD CROSSING COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SEC () Delete
Name: MALLON, JENNIFER A MRS.
Address: 1961 GLENFIELD CROSSING COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SEAN E. MALLON

MGR

03/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date