


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000001921 1. Entity Name ROOTER EXPRESS, LLC	
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Principal Place of Business 129 DESIGN COURT BRUNSWICK, GA 31525	Mailing Address 129 DESIGN COURT BRUNSWICK, GA 31525
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DO NOT WRITE IN THIS SPACE



01022008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3400110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VENEMA, PHILIP 3449 TECHNOLOGY DRIVE, SUITE 106 NORTH VENICE, FL 34275	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

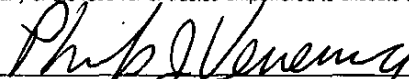
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**U00000788795
01/18/08-80054-023 138.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYSON, KEN 2129 DESIGN COURT BRUNSWICK, GA 31525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENEMA, PHILIP 3449 TECHNOLOGY DRIVE, SUITE 106 NORTH VENICE, FL 34275
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Philip Venema** **1/11/08** **517-377-0852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #