

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028477

**Entity Name:** ROCK SPRINGS BAR & GRILL LLC**Current Principal Place of Business:**4939 ROCK SPRINGS ROAD  
APOPKA, FL 32712**Current Mailing Address:**4939 ROCK SPRINGS ROAD  
APOPKA, FL 32712**FEI Number:** 59-2997101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLDFIELD, DEBORAH  
4939 ROCK SPRINGS ROAD  
APOPKA, FL 32712 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	OLDFIELD, DEBORAH
Address	4939 ROCK SPRINGS ROAD
City-State-Zip:	APOPKA FL 32712

Title	MGR
Name	OLDFIELD, JAMES
Address	4939 ROCK SPRINGS ROAD
City-State-Zip:	APOPKA FL 32712

Title	MGR
Name	OLDFIELD, KYLEE
Address	4939 ROCK SPRINGS ROAD
City-State-Zip:	APOPKA FL 32712

Title	MGR
Name	OLDFIELD, TAYLOR
Address	4939 ROCK SPRINGS ROAD
City-State-Zip:	APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH OLDFIELD

MGRM

04/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date