

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90207 011 ****50.00

DOCUMENT # L06000009108

1. Entity Name
ROCA MOUNTAIN, LLC



Principal Place of Business
780 N.W. LE JEUNE ROAD STE 324
MIAMI, FL 33126

Mailing Address
780 N.W. LE JEUNE ROAD STE 324
MIAMI, FL 33126

40004400

2. Principal Place of Business - No P.O. Box #
10 N.W. LE JEUNE ROAD

3. Mailing Address
10 N.W. LE JEUNE ROAD

Suite, Apt. #, etc.
SUITE 500
City & State
MIAMI, FL

Suite, Apt. #, etc.
SUITE 500
City & State
MIAMI, FL

01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip
33126

Country

Zip
33126

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 N.W. LE JEUNE ROAD STE 324
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
ESQUIRE CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
10 N.W. LE JEUNE ROAD STE 500

City
MIAMI, FL

Zip Code
FL 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMAGNOLI, MARCO 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMAGNOLI, ROBERTO 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIGUEIRA CAMACHO, FELISBERTO 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Marco Romagnoli MARCO ROMAGNOLI 2/21/2007