

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90073 032 ****50.00

DOCUMENT # L02000025980

1. Entity Name
ROONIES, LLC



Principal Place of Business
**1890 N DIXIE HWY
BOCA RATON, FL 33432 US**

Mailing Address
**1890 N DIXIE HWY
BOCA RATON, FL 33432 US**

2. Principal Place of Business - No P.O. Box #
4790 N. POWERLINE RD

3. Mailing Address
4790 N. POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPAÑO BEACH, FL

City & State
POMPAÑO BEACH, FL

Zip
33073

Country

Zip
33073

Country

02272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
48-1278107

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, LAURENT E
310 E ROYAL PALM ROAD
BOCA RATON, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**MGR
COHEN, LAURENT
310 E ROYAL PALM ROAD
BOCA RATON, FL 33432**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
HALFON, KIKI P
10727 MAPLE CHASE DR.
BOCA RATON, FL 33498**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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 #

02/26/07

561.417.3666