

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067235

**Entity Name:** RFH OCALA, LLC

**Current Principal Place of Business:**

4107 NORTH HIMES AVE, 2ND FLOOR  
TAMPA, FL 33607

**Current Mailing Address:**

4107 NORTH HIMES AVE, 2ND FLOOR  
TAMPA, FL 33607

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MARTIN, MELISA M  
4107 NORTH HIMES AVE, 2ND FLOOR  
TAMPA, FL 33607 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	MANAGER	Title	MANAGER
Name	ROCHE, ARMANDO	Name	ROCHE, SHANNON MICHELLE
Address	4107 NORTH HIMES AVENUE 2ND FLOOR	Address	4107 NORTH HIMES AVENUE 2ND FLOOR
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

*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:** ARMANDO ROCHE

**MANAGER**

**01/06/2020**

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

\_\_\_\_\_  
Date