

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073716

**Entity Name:** BOLCAVAGE-ROSSI LLC

**Current Principal Place of Business:**

6017 PINE RIDGE RD, STE 221  
NAPLES, FL 34119

**Current Mailing Address:**

6017 PINE RIDGE RD, STE 221  
NAPLES, FL 34119

**FEI Number:** 27-0729257

**Certificate of Status Desired:** No

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

RAX CO  
50 NORTH LAURA STREET STE 3300  
JACKSONVILLE, FL 32202 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 MGRM  
Name ROSSI, RICHARD  
Address 6017 PINE RIDGE ROAD, #221  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name BOLCAVAGE, BARBARA  
Address 6017 PINE RIDGE ROAD #221  
City-State-Zip: NAPLES FL 34119

*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:** RICHARD ROSSI

**MANAGING PARTNER**

**01/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date