

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000048954

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC8023785718**

**Entity Name:** ROLLE FLORIDA LLC

**Current Principal Place of Business:**

501 SE 2ND STREET, UNIT 1130  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

501 SE 2ND STREET, UNIT 1130  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 90-0955803

**Certificate of Status Desired:** No

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

ROLLE, ANNIE  
501 SE 2ND STREET UNIT #1130  
FORT LAUDERDALE, FL 33301 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 ROLLE, ANNIE  
Address 501 SE 2ND STREET, UNIT 1130  
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR  
Name ROLLE, CHRISTIAN  
Address 501 SE 2ND STREET, UNIT 1130  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name ROLLE, PIERRE LUC  
Address 501 SE 2ND STREET, UNIT 1130  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** ROLLE ANNIE

MGRM

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date