

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000112743

**Entity Name:** ROLIM INVESTMENTS LLC**Current Principal Place of Business:**2901 EDENSHIRE WAY  
UNIT 102  
KISSIMMEE, FL 34746**Current Mailing Address:**2901 EDENSHIRE WAY  
UNIT 102  
KISSIMMEE, FL 34746 US**FEI Number:** 37-1762417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUCROUP & COMPANY, LLC.  
250 PALM COAST PKWY NE  
STE 607 #240  
PALM COAST, FL 32137 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:** HELEN DORNELLAS

04/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name ROLIM SILVA, PAULO EDUARDO  
Address AV. BEIRA MAR 3660 APT 802  
City-State-Zip: FORTALEZA 6016-5121

Title MANAGER  
Name ROLIM, ROBERTA ALEXANDRA  
Address AV. BEIRA MAR 3660 APT 802  
City-State-Zip: FORTALEZA 6016-5121

Title MANAGER  
Name ROLIM TEIXEIRA, SARAH GRACE  
Address AV. BEIRA MAR 3660 APT 802  
City-State-Zip: FORTALEZA 6016-5121

Title MANAGER  
Name TEIXEIRA, ANDERSON ROLIM  
Address AV. BEIRA MAR 3660 APT 802  
City-State-Zip: FORTALEZA 6016-5121

Title MANAGER  
Name MELO, ELISA ROLIM  
Address 4054 NAVIGATOR WAY  
City-State-Zip: KISSIMMEE FL 34746

Title MANAGER  
Name ROLIM FILHO, JOSE ALEXANDRE  
Address AV. BEIRA MAR 3660 APT 802  
City-State-Zip: FORTALEZA CE 6016-5121

*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:** ROLIM FILHO , JOSE ALEXANDRE

MANAGER

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date