I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am a managing member or manager of the limited liability company or the receiver or tru		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: PINEDO SILVA . MARJHORY	MBR	09/21/2023

SIGNATURE: PINEDO SILVA, MARJHORY

Electronic Signature of Signing Authorized Person(s) Detail

TROCCOLI MENIN, DAVID 1239 PINEWOOD ST KISSIMMEE, FL 34744 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

Authorized Person(s) Detail :

Title	MBR	Title	MBR
Name	TROCCOLI MENIN, DAVID	Name	PINEDO SILVA, MARJHORY
Address	1239 PINEWOOD ST	Address	1239 PINEWOOD ST
City-State-Zip:	KISSIMMEE AL 34744	City-State-Zip:	KISSIMMEE FL 34744

Entity Name: ROCCO SPRAY FOAM ENTERPRISE LLC **Current Principal Place of Business:**

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

1239 PINEWOOD ST KISSIMMEE, FL 34744

Current Mailing Address:

1239 PINEWOOD ST KISSIMMEE, FL 34744 US

DOCUMENT# L21000533712

FEI Number: 87-4189166

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

09/21/2023

Date

Date