

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000047164

**Entity Name:** ROCK WORLD PROPERTIES LLC**Current Principal Place of Business:**554 FOX CREEK DRIVE  
LEHIGH ACRES, FL 33974**Current Mailing Address:**5520 BANDERA SPRINGS CIRCLE  
RIVERVIEW, FL 33578 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASSELL, TYRELL  
554 FOXCREEK DR  
LEHIGH ACRES, FL 33974 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           | AMBR                  |
| Name            | HASSELL, TYRELL       |
| Address         | 554 FOXCREEK DR       |
| City-State-Zip: | LEHIGH ACRES FL 33974 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AMBR                  |
| Name            | HOBBS JR, HUVAN       |
| Address         | 554 FOXCREEK DR       |
| City-State-Zip: | LEHIGH ACRES FL 33974 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AMBR                  |
| Name            | JOHNSON, IVAN         |
| Address         | 554 FOXCREEK DR       |
| City-State-Zip: | LEHIGH ACRES FL 33974 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AMBR                  |
| Name            | KELLY, WILLIE         |
| Address         | 554 FOXCREEK DR       |
| City-State-Zip: | LEHIGH ACRES FL 33974 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AMBR                  |
| Name            | JOHNSON, PAUL         |
| Address         | 554 FOXCREEK DR       |
| City-State-Zip: | LEHIGH ACRES FL 33974 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AMBR                  |
| Name            | JEAN LOUIS, CHRIS     |
| Address         | 554 FOXCREEK DR       |
| City-State-Zip: | LEHIGH ACRES FL 33974 |

*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:** TYRELL HASSELL

AMBR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date