

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005994 1. Entity Name ROFAM INV. LLC	
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Principal Place of Business 5105 N.W. 159TH STREET MIAMI LAKES, FL 33014	Mailing Address 5105 N.W. 159TH STREET MIAMI LAKES, FL 33014
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03242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1109202	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARGOLIS, JOHN A SUITE 330 9990 S.W. 77TH AVENUE MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, CARLOS J 5105 N.W. 159TH STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, SONIA 5105 N.W. 159TH STREET MIAMI LAKES, FL 33014
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000000299201 04/11/05-80099-012 \$0.00
DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.		
SIGNATURE: <u>Sonia Rodriguez</u>	Date: <u>4-01-05</u>	Daytime Phone #: <u>786-367-0419</u>