

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90107 022 ****50.00

DOCUMENT # L010000 12205

1. Entity Name

Rovicom, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5870 MIAMI LAKES DR E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES

City & State

4. FEI Number

65-1124139

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MICHELE STEFANELLI

Street Address (P.O. Box Number is Not Acceptable)

14411 COMMERCE WAY STE 310

City

MIAMI LAKES

FL

Zip Code

33016

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.

SIGNATURE

Michele Stefanelli

4/15/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEMBER

VICTOR DICKSTEIN

5870 MIAMI LAKES DR E

MIAMI LAKES FL 33014

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEMBER

ROSA DICKSTEIN

5870 MIAMI LAKES DR E

MIAMI LAKES FL 33014

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEMBER

ANDREA ROSENHEIM

5870 MIAMI LAKES DR E

MIAMI LAKES FL 33014

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

VICTOR DICKSTEIN

DATE

Daytime Phone #

4/18/02 308 826-1255