

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90087 007 ***138.75

DOCUMENT # L01000012205

1. Entity Name
ROVICOM, LLC



Principal Place of Business

10133 USA TODAY WAY
MIRAMAR, FL 33025 US

Mailing Address

10133 USA TODAY WAY
MIRAMAR, FL 33025 US

2. Principal Place of Business - No P.O. Box #

3900 EXECUTIVE WAY

Suite, Apt. #, etc.

3. Mailing Address

3900 EXECUTIVE WAY

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33025

Country

USA

Zip

33025

Country

USA

03222008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

65-1124139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEFANELLI, MICHELE
14411 COMMERCE WAY
STE 310
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DICKSTEIN, VICTOR
STREET ADDRESS 10133 USA TODAY WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE MGRM ☐ Delete
NAME DICKSTEIN, ROSA
STREET ADDRESS 10133 USA TODAY WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE MGRM ☐ Delete
NAME DICKSTEIN, ANDREA
STREET ADDRESS 10133 USA TODAY WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3900 EXECUTIVE WAY
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3900 EXECUTIVE WAY
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

3/24/08 1954-499-9149