SIGNATURE: SIGNATURE AND TYPED OR PRINTED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)					FILED Jul 18, 2003 8:00 am			
DOCUMENT # L01000012205 1. Entity Name					Secretary of State			
ROVICOM	LLC	í) 			
Principal Plac	e of Business	Mailing Address	Mailing Address		1			
**** = = =		5870 MIAMI LAKES DR E MIAMI LAKES FL 33014						
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Nun	nber 65-1124139	<u> </u>	oplied For ot Applicable
Zip	Country	Zip Count		ntry	5. Certifica	ate of Status Desired	\$5.00 A	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
STEFANELLI, MICHELLE				Name				
	1 COMMERCE WAY		Str		(P.O. Box Num	ber is Not Acceptable)		
	AI LAKES FL 33016							
*				City			FL Zip Code	е
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing	its register	red office or registe	ered agent, or b	ooth, in the State of Florida.	I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	IOTE: Registere	ed Agent signature require	ed when reinstating)		DATE	
		FILE	NOW!!!	FEE IS \$50.00			<u> </u>	
		-	Make Check Payable to Florida Departme		ent of State			
			By Septe	mber 24, 2003	. <u> </u>	<u></u>		
9.	MANAGING MEMBE		10.			ADDITIONS/CHAI		
TITLE NAME	MGRM DICKSTEIN, VICTOR	Delete	TITL				☐ Change	☐ Addition
STREET ADDRESS	5870 MIAMI LAKES DR E			EET ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL 33014	<u> </u>	CIT	Y-ST-ZIP				<u>.</u>
TITLE	MGRM	☐ Delete	TITL				☐ Change	☐ Addition
NAME STREET ADDRESS	DICKSTEIN, ROSA 5870 MIAMI LAKES DR E		NAM STR	EET ADDRESS				ł
CITY-ST-ZIP	MIAMI LAKES FL 33014		CIT	Y-ST-ZIP	e produces and the	ر میست به دید.		J
TITLE	MGRM	☐ Delete	TITL	.E			☐ Change	Addition
NAME OTREET ADDRESS	ROSENHEIM, ANDREA		NAN					
STREET ADDRESS CITY-ST-ZIP	5870 MIAMI LAKES DR E MIAMI LAKES FL 33014			EET ADDRESS Y-ST-ZIP				
TITLE	INICIANI DAIREO I E GOOTI	☐ Delete	TITL	E .			☐ Change	Addition
NAME			NAN	AE .				_
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-ST-ZIP				}
TITLE		□ Delete	TITL				☐ Change	Addition
NAME		□ Delete	NAN				ondings	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP				
TITLE NAME		☐ Delete	TITL NAN				☐ Change	☐ Addition
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP	·			/-ST-ZIP				
 I hereby c indicated limited lial 	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	n this filing does not qualify I that my signature shall hav Be empowered to execute th	for the exe /e the sam is report a:	emption stated in S e legal effect as if i s required by Char	ection 119.07(0 made under oa oter 608, Florida	3)(i), Florida Statutes. I furthe ith; that I am a managing m a Statutes.	er certify that the in ember or manage	iformation r of the