

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90583 044 \*\*\*\*50.00

**DOCUMENT # L01000012357**

1. Entity Name

OROT CITY, L.L.C.



Principal Place of Business

3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD FL 33021

Mailing Address

3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

321 JEFFERSON ST.

321 JEFFERSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2ND FLOOR

2ND FLOOR

City & State

City & State

HOLLYWOOD, FLA.

HOLLYWOOD, FLA.

Zip

Country

Zip

Country

33019 USA

33019 USA

4. FEI Number 65-1124876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSSO, MARK E  
3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD FL 33021

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME GROSSKOPF, MANUEL  
STREET ADDRESS 17001 COLLINS AVE., STE 292  
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☒ Change ☐ Addition  
NAME 321 JEFFERSON ST. 2ND FLOOR  
STREET ADDRESS HOLLYWOOD, FLA. 33019  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME SAAL, JOSE NORBERTO  
STREET ADDRESS 17001 COLLINS AVE SUITE 292  
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☒ Change ☐ Addition  
NAME 321 JEFFERSON ST. 2ND FLOOR  
STREET ADDRESS HOLLYWOOD, FLA. 33019  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (10/02)