


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90030 048 \*\*\*\*50.00

**DOCUMENT # L01000013542**

1. Entity Name  
**ROLS LLC**



Principal Place of Business  
**1711 6TH AVENUE SOUTH  
LAKE WORTH FL 33460**

Mailing Address  
**1711 6TH AVENUE SOUTH  
LAKE WORTH FL 33460**

**30041603**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**7491 W OAKLAND PARK BLVD**

Suite, Apt. #, etc.

3. Mailing Address  
**7491 W OAKLAND PARK BLVD**

Suite, Apt. #, etc.

City & State  
**LAUDERHILL, FLORIDA**

City & State  
**LAUDERHILL, FLORIDA**

Zip  
**33319**

Country  
**USA**

Zip  
**33319**

Country  
**USA**

4. FEI Number **65-1129499**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MISHAL, LILIA ROBERTS  
1711 6TH AVENUE SOUTH  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name  
**LILIA ROBERTS - MISHAL**

Street Address (P.O. Box Number is Not Acceptable)  
**7491 W OAKLAND PARK BLVD**

City  
**LAUDERHILL**

State  
**FL**

Zip Code  
**33319**

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 *Lilia Roberts Mishal* DATE **3/6/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MISHAL, LILIA R 1711 6 AVENUE SOUTH LAKE WORTH FL 33460</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LILIA R. MISHAL 7491 W OAKLAND PARK BLVD LAUDERHILL, FL 33319</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lilia Roberts Mishal* DATE: **3/6/03** DAYTIME PHONE #: **954-578-1946**

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

CR2E083 (10/02)