

**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



2. Principal Place of Business

7491 W OAKLAND PARK BLVD

3. Mailing Address

7491 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

LAUDERHILL, FLORIDA

City & State

LAUDERHILL, FLORIDA

4. FEI Number **65-1129499**

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/03

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

**MGRM
MISHAL, LILIA R
1711 6 AVENUE SOUTH
LAKE WORTH FL 33460**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**LILIA R-MISHAL
7491 W OAKLAND PARK BLVD
LAUDERHILL, FL 33319**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

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

Date

Daytime Phone #

SIGNATURE REQUIRED

3/6/03

954-578-1946

CR2E083 (10/02)