


**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.

CHECK HERE IF MAKING CHANGES

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

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	MGRM MISHAL, LILIA R 1711 6 AVENUE SOUTH LAKE WORTH FL 33460	<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	LILIA R. MISHAL 7491 W OAKLAND PARK BLVD LAUDERHILL, FL 33319	<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)