

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90211 026 ****50.00

DOCUMENT # L02000007216

1. Entity Name

F. ROGERS, LLC



Principal Place of Business

410 NORTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

Mailing Address

C/O FRANK ROGEWITZ
1 DONALD DR.
WESTPORT CT 06880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0646845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK ROGEWITZ
410 N. FEDERAL HWY. 521
DEERFIELD BEACH FL 33441

Name

FRANK ROGEWITZ

Street Address (P.O. Box Number is Not Acceptable)

410 N. FEDERAL HWY #521

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME ROGERS, FRANK
STREET ADDRESS 410 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE
NAME ROGEWITZ, FRANK
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

FRANK ROGEWITZ

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

Date

Daytime Phone #

2/5/04 203-243-2195