

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

APPROVED
LAND
FILED

1 of 2

03 OCT 22 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029370

1. Entity Name

ROLCAP, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10651 NE 11th COURT

Suite, Apt. #, etc.

3. Mailing Address

10651 NE 11th COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

05-0538558

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JIM SIERRA

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

5550 SW 87th AVENUE

City

MIAMI

FL

Zip Code
33165

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

JIM SIERRA

OCTOBER 6, 2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RODRIGUEZ LLARENS, EDUARDO V
10651 NE 11th COURT
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUFFAGNI, ELEONORA M
10651 NE 11th COURT
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

EDUARDO V RODRIGUEZ LLARENS-MGRM 10-06-03

Date

Daytime Phone #

CR2E083B (12/02)

2 of 2

ROLCAP, L.L.C.
10651 NE 11th COURT
MIAMI, FL 33138

October 6, 2003

Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Re: Doc # 102000029370

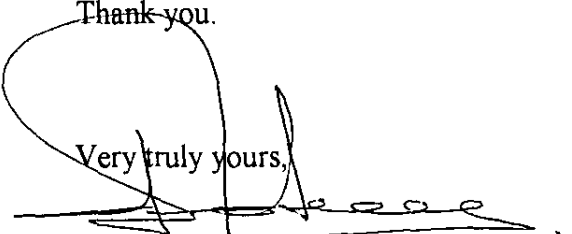
Dear Sir:

Enclosed please find a check for \$50.00 to cover the annual report fee for CY 2003 along with a completed UBR form. I never received the renewal form.

Please accept this check in good faith. I was not aware of the renewal form until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,



EDUARDO V RODRIGUEZ LLARENS
Director