

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**  
05-02-2003 90580 026 \*\*\*\*50.00

DOCUMENT # L02000032533

1. Entity Name

ROGERS & ASSOCIATES, LLC



**DO NOT WRITE IN THIS SPACE**

30066825

2. Principal Place of Business  
14955 Gulf Blvd

Suite, Apt. #, etc.  
14

3. Mailing Address  
6439 Central Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Madena Beach, FL

City & State  
St Petersburg, FL

4. FEI Number  
01-0956461

Applied For  
Not Applicable

Zip  
33909

Country  
USA

Zip  
33710

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
Stephen Simone

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

6439 Central Ave

City  
St. Petersburg

FL

Zip Code  
33710

**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 title if applicable.

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  
managing member  
Karen Rogers  
14955 Gulf Blvd #14  
Maden Beach, FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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: Karen

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

4-30-03

Date

Daytime Phone #

CR2E083B (12/02)