

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

3/25/2005-90131-007-1

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90131 007 \*\*\*150.00

**DOCUMENT # L02000032591**

1. Entity Name  
**ROCO LLC**



Principal Place of Business  
1236 SE 4TH AVE  
FT LAUDERDALE, FL 33316

Mailing Address  
1236 SE 4TH AVE  
FT LAUDERDALE, FL 33316

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01212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIMBERLY S. DAISE, P.A.  
1236 SE 4TH AVE.  
FT LAUDERDALE, FL 33316

**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

*Kimberly S. Daise*  
Signature (Typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

P  
COBAR, ROBERTO  
1236 SE 4TH AVE  
FT LAUDERDALE, FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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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, OR AUTHORIZED REPRESENTATIVE

Date

Deputy Phone #