# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# L03000021197

**Entity Name:** ROOTS OF AFRICA, LLC

**Current Principal Place of Business:**

27 N SUMMERLIN AVE.
ORLANDO, FL 32746

**New Principal Place of Business:**

27 N SUMMERLIN AVE.
ORLANDO, FL 32801

**Current Mailing Address:**

27 N SUMMERLIN AVE.
ORLANDO, FL 32746

**New Mailing Address:**

27 N SUMMERLIN AVE.
ORLANDO, FL 32801

**FEI Number: 20-1112838** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STONE, STEPHEN M
725 NORTH MAGNOLIA AVE.
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: JAFFER, SADIQUE
Address: 27 N SUMMERLIN AVE.
City-St-Zip: ORLANDO, FL 32746

Title: MGRM ( ) Delete
Name: JAFFER, MOHAMMEDTAKI
Address: 1738 BRIDGEWATER DR
City-St-Zip: ORLANDO, FL 32746

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: JAFFER, SADIQUE
Address: 27 N SUMMERLIN AVE.
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SADIQUE JAFFER MGRM 04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date