

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000015442

1. Entity Name
ROTH MANAGEMENT, L.L.C.



Principal Place of Business
**2315 NORTHWEST 66TH DRIVE
BOCA RATON, FL 33498**

Mailing Address
**2315 NORTHWEST 66TH DRIVE
BOCA RATON, FL 33498**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0791294

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROTH, CELIA
2315 NORTHWEST 66TH DRIVE
BOCA RATON, FL 33498**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000782091
01/15/08-80061-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, CELIA 2315 N W 66 DRIVE BOCA RATON, FL 33498
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Celia Roth

1-10-08

561-241-3414

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

Date

Daytime Phone #