2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 12, 2005 8:00 am
Secretary of State

05-05-2005 90024 001 ****50.00
05-05-2005 90024 002 *****5.00

DOCUMENT # L04000040163

1. Entity Name
RODA, LLC

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE STE. 604 MIAMI FL 33131	601 BRICKELL KEY DRIVE STE. 604 MIAMI FL 33131

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
12577 Sw. 125 Terrace	12577 Sw. 125 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33186 Country: Dade	Zip: 33186 Country: USA

4. FEI Number: 20-1224859 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVARO CASTILLO B. P.A.
1390 BRICKELL AVENUE STE. 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMERO, ANTONIO 601 BRICKELL KEY DRIVE STE. 604 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 04/28/05 (786) 346-0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #