

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90244 014 ****50.00

DOCUMENT # L04000059431

1. Entity Name
ROXIKA INVESTMENTS, LLC



Principal Place of Business

9990 S.W. 77TH AVE.
SUITE 330
MIAMI, FL 33156-2661

Mailing Address

9990 S.W. 77TH AVE.
SUITE 330
MIAMI, FL 33156-2661

20013680



01032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0527261

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARGOLIS, JOHN A
9990 S.W. 77TH AVE.
SUITE 330
MIAMI, FL 33156-2661

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUKE, ROXANNE
STREET ADDRESS	9990 S.W. 77TH AVE.
CITY - ST - ZIP	MIAMI, FL 331562661
TITLE	MGRM
NAME	MILLON, ERICA
STREET ADDRESS	9990 S.W. 77TH AVE.
CITY - ST - ZIP	MIAMI, FL 331562661
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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:

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

Date

Daytime Phone #

Erika P. Miller, Manager

3/3/06

(305) 595 1911