

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90065 020 \*\*\*\*50.00

**DOCUMENT # L05000015381**

1. Entity Name

**ROTTWAY LLC**



Principal Place of Business

12705 NW LE JUNE ROAD  
OPA-LOCKA FL 33054  
US

Mailing Address

6533 SW 41 PLACE  
DAVIE FL 33314  
US



2. Principal Place of Business

**210 174th STREET**

Suite, Apt. #, etc.

**M-14**

3. Mailing Address

**210 174th STREET**

Suite, Apt. #, etc.

**M-14**

1st MOORE

CR2E083 (10/05)

City & State

**Sunny Island**

City & State

**Sunny Island**

4. FEI Number

**20-2352643**

Applied For

Not Applicable

Zip **33160**

Country **US**

Zip **33160**

Country **US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TOVOROVSKY, ROLANDO G**  
**6533 SW 41 PLACE**  
**DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **TOVOROVSKY, ROLANDO G.**

Street Address (P.O. Box Number is Not Acceptable)  
**210 174TH STREET APT M-14**

City **SUNNY ISLAND**

**FL**

Zip Code **33160**

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 date 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **TOVOROVSKY, ROLANDO G**  
STREET ADDRESS **6533 SW 41 PLACE**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **TOVOROVSKY, ROLANDO G**  
STREET ADDRESS **210 174TH STREET APT M\_14**  
CITY-ST-ZIP **SUNNY ISLAND FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Rolando Tovorovsky 4/08/06 754 423-5169**

Date

Daytime Phone #