2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State
07-12-2007 90008 043 ****50.00

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1. Entity Name
ROTTWAY LLC

Principal Place of Business	Mailing Address
210 174TH ST M-14 NORTH MIAMI BEACH, FL 33160 US	210 174TH ST M-14 NORTH MIAMI BEACH, FL 33160 US

07052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7795 West Flagler St.	7795 West Flagler Street
Suite, Apt. #, etc. Ste.5	Suite, Apt. #, etc. P.O. Box 100
City & State Miami, Florida 33144	City & State Miami, Florida 33144
Zip / Country	Zip / Country

4. FEI Number 20-2352643 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBLEDO, VERONICA S 6533 SW 41 PLACE DAVIE, FL 33314	Name Street Address (P.O. Box Number is Not Acceptable) 7721 NW 7 Street Apt # 114 City Miami FL Zip Code 33126

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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBLEDO, VERONICA S 6533 SW 41 PLACE DAVIE, FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBLEDO, VERONICA S. 7721 NW 7 STREET APT #114 MIAMI FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: ____________ Veronica S.Robledo (954) 895-2534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #