2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90233 048 ***138.75

60016503

03192008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000015381

1. Entity Name
ROTTWAY LLC

Principal Place of Business	Mailing Address
7795 WEST FLAGLE ST STE 5 MIAMI FL 33144 US	7795 WEST FLAGLE ST STE 5 PO BOX 100 MIAMI FL 33144 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7795 W. Flagler Street		7795 W. Flagler Street	
Suite, Apt. #, etc.: Stand 5		Suite, Apt. #, etc.: Box K-5	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33144	Country: US	Zip: 33144	Country: US

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

ROBLEDO, VERONICA S
7721 NW 7 ST APT 114
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: LINA M. BOLIVAR
Street Address (P.O. Box Number is Not Acceptable): 16500 COLLINS AVE APT 453
City: SUNNY ISLES 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: Lina M Bolivar, MGRM 3/20/08
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

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 7721 NW 7 ST APT 114 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LINA M. BOLIVAR 16500 COLLINS AVE APT 453 SUNNY ISLES, FL 33160	☐ 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: Lina M Bolivar, MGRM 3/20/08 305 264-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #