

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90233 048 ***138.75

DOCUMENT # L05000015381	
1. Entity Name ROTTWAY LLC	

60016503



Principal Place of Business 7795 WEST FLAGLE ST STE 5 MIAMI, FL 33144 US	Mailing Address 7795 WEST FLAGLE ST STE 5 PO BOX 100 MIAMI, FL 33144 US
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2. Principal Place of Business - No P.O. Box # 7795 W. Flagler Street Suite, Apt. #, etc. Stand 5	3. Mailing Address 7795 W. Flagler Street Suite, Apt. #, etc. Box K-5
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03192008 Chg-LLC CR2E083 (12/06)

City & State Miami, Florida	City & State Miami, Florida
Zip 33144	Country US
Zip 33144	Country US

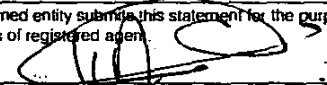
4. FEI Number 20-2352643	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBLEDO, VERONICA S 7721 NW 7 ST APT 114 MIAMI, FL 33126
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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

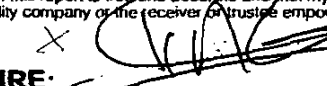
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Lina M Bolivar, MGRM 3/20/08
(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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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
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:  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 #