2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061115

1. Entity Name RORICA, LLC

FILED Feb 25, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1001 HEATHERWOOD WAY MELBOURNE, FL 32940 1001 HEATHERWOOD WAY MELBOURNE, FL 32940



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3025926 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ. 1800 W. HIBISCUS BOULEVARD SUITE 138 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

MELBOURNE, FL 32901		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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		,	U00000840243 03/06/08-80040-022 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SALADINO, CARL D	1	
STREET ADDRESS	1001 HEATHERWOOD WAY		
CITY-ST-ZIP	MELBOURNE, FL 32940		
TITLE			
NAME			
STREET ADDRESS			

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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

CARL SALADINALMO

2/15/08 (321) 543-0554

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

Date

Daytime Phone #