

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000081127

1. Entity Name
ROCK CAPITAL INVESTMENTS, LLC



FILED

2009 APR 28 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
550 BILTMORE WAY, SUITE 110
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY, SUITE 110
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-4808661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHECHTER, ROSA E ESQ.
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MATO, MANUEL M
550 BILTMORE WAY #1110
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
STERN, RODOLFO
550 BILTMORE WAY #1110
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
LOPEZ, E DANIEL
550 BILTMORE WAY #1110
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HORWITZ, ROBERTO
550 BILTMORE WAY #1110
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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04/24/09--01039--003 **377.50

TITLE
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REINSTATEMENT 08-09

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

OK 4-29-09

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

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

4-20-09

Date

(305) 461-2440

Daytime Phone #