2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000109465

1. Entity Name

ROTOVILLA, LLC

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG



FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90368 011 ****50.00

			100	1					
Principal Place of Business Mailing Address			•		1:				
18851 N.E. 29TH AVENUE, SUITE 405 AVENTURA FL 33180		18851 N.E. 29TH AVENUE, SUITE 405 AVENTURA FL 33180		<i>j</i>					
2. Principal Place of Business - No P.O. Box # 8840 S. W. 100 ST.		3. Mailing Address 8840 5 . W. 100 ST,			ir mitrim mrris Abfrr Börri	: MUINT 19 2 1: 00110 16111 010 10 011	DI GRUDE CLE LODI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/06)				
City & State MIAMI FL		City & State U1AU1 FL			4. FEI Number 20 - 5°	119618	,	Applied For Not Applicable	
Zip 33156 Country SA		733156 Country SA			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent	Name		7. Name and Add	tress of New R	Registered Agent		
SEIF, EVAN D 18851 N.E. 29TH AVENUE, SUITE 405				Street Address (P.O. Box Number is Not Acceptable)					
AV	ENTURA FL 33180								
			City				FL Zip Co	ode	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office o	r register	ed agent, or both, in	the State of Flo	orida. I am familiar wil	h, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	d title il applicable. (NOTE: R	egisiered Agent signa	ture required	when reinstating)		DATE		
		Make Check Payable	V!!! FEE IS \$ to Florida De By May 1, 200	partmen	it of State				
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS /	CHANGES		
TITLE	Past"	☐ Delete	TOTLE	MANA	GING MEME	bel	☐ Chang	e 🛣 Addition	
NAME:	,		NAMI	R061	ER ROTOLA 5. DIXIE +	<i>つい</i> ても ルルマ・ヘエチ	820		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1760	AL GABLI		23146		
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NAME		☐ Desere	NAME.	RICH	HARD J. VIII	Alobos	2 m A	, CALAGONON	
STREET ADDRESS			STREET ADDRESS						
CITY-S1-71P			, CITY-ST-ZIP	CORI	AL DABLES	<u>, FL.3</u>	13146		
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IIIT		☐ Delete	ППП	ļ			☐ Change	e 🔲 Addition	
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NAME STREET ADDRESS			NAME. Street address						
CITY-SI-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<u> </u>			Change	e Addition	
NAMI:			NAME					_	
STREET ADDRESS			STREET ADDRESS						
CHY-SI-ZIP			CITY-S1-ZIP						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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.