

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 21, 2008 8:00 am
Secretary of State

02-18-2008 90072 015 ***143.75

DOCUMENT # L07000017563

1. Entity Name
ROCK MERU, LLC



Principal Place of Business
**8923 SW 96TH STREET
MIAMI FL 33176**

Mailing Address
**8923 SW 96TH STREET
MIAMI FL 33176**

30002628

2. Principal Place of Business - No P.O. Box #
7971 SW. 110 TERR.

3. Mailing Address
287 Langley Rd.

Suite, Apt. #, etc.
7971

Suite, Apt. #, etc.
UNIT 36

City & State
MIAMI-FL 33156

City & State
NEWTON - MA

Zip
33156

Country
USA

Zip
02459

Country
USA

4. FEI Number
20-8609506

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LAMONT, VALENTINA
12344 SW 27TH STREET
MIAMI FL 33175**

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 _____ 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	MGR BELLO, JOSE A 8923 SW 96TH STREET MIAMI FL 33176	☐ Delete "CHANGE OF ADDRESS"	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (MANAGING MEMBER) BELLO, JOSE A. 287 Langley Rd. Unit 36 NEWTON, MA 02459	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLO, PABLO 8923 SW 96TH STREET MIAMI FL 33176	☐ Delete "CHANGE OF ADDRESS"	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (MANAGING MEMBER) BELLO, PABLO 287 Langley Rd. Unit 36 NEWTON, MA 02459	☐ 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 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 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 Paula Bello **MANAGING MEMBER** PAULA BELLO 01/30/08 305-5277120

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