

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 13 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                  |  |
|----------------------------------|--|
| DOCUMENT # L07000121373          |  |
| 1. Entity Name<br>ROCCOTRO, P.L. |  |



|   |   |
|---|---|
| Principal Place of Business<br>7225 NORTH UNIVERSITY DRIVE<br>SUITE 202<br>TAMARAC, FL 33321 US | Mailing Address<br>7225 NORTH UNIVERSITY DRIVE<br>SUITE 202<br>TAMARAC, FL 33321 US |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

10302008 REIN-LLC CR2E101 (1/07)

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
|               | Not Applicable |

|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |
|----------------------------------|---|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |  |
| TROIANO, CHRISTOPHER J<br>7225 NORTH UNIVERSITY DRIVE<br>SUITE 202<br>TAMARAC, FL 33321 |  | 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 \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After January 1, 2009, Fee will be \$277.50</b> | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|--|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TROIANO, CHRISTOPHER J<br>7225 NORTH UNIVERSITY DRIVE, STE 202<br>TAMARAC, FL 33321 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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REINSTATEMENT OF AL

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: <u>Chiff James</u> | Date: <u>11/2/08</u> | Daytime Phone #: <u>954-341 4727</u> |
|-------------------------------|----------------------|--------------------------------------|