

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123464

FILED
Feb 12, 2008
Secretary of State

Entity Name: ALROCAM,LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2333 BRICKELL AVE
APT 604
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2333 BRICKELL AVE
APT 604
MIAMI, FL 33129

New Mailing Address:

FEI Number: 26-1649311 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RODRIGUEZ, ALFREDO L JR
2333 BRICKELL AVE
APT 604
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALFREDO, RODRIGUEZ L JR.
Address: 2333 BRICKELL AVE APT 604
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: ALFREDO, RODRIGUEZ L SR.
Address: 9365 FONTAINEBLEAU BLVD. E211
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: RODRIGUEZ, OLGA E
Address: 9365 FONTAINEBLEAU BLVD. E211
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFREDO RODRIGUEZ

MR

02/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date