

L17000125890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

OCT 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCA DISTRIBUTORS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BLANCA L LACAYO

Name of Person

Hadax Accounting And Tax Services

Firm/Company

210 SW 107th Ave

Address

Miami, FL 33174

City, State and Zip Code

hadastaxeservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLANCA L LACAYO

305 552-0038
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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REGISTERED AGENT
STATE
FLORIDA

MGR = Manager
AMBR = Authorized Member

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(b) The 90th day after the record is filed.

(X) Ernesto A. Stefano
 Signature of the authorized representative of a union.

THE UNITED STATES OF AMERICA

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