

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# 221000316911333

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA  
Account Number : 076424000767  
Phone : (305)442-3334  
Fax Number : (305)443-3292

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jcatalano@siegfriedrivera.com

**FLORIDA LIMITED LIABILITY CO.  
ROHH INVESTMENTS, LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is: ROHH INVESTMENTS, LLC.

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**  
13294 S.W. 112<sup>TH</sup> TERR. APT. 1  
Miami, Florida 33186

**Mailing Address:**  
13294 S.W. 112<sup>TH</sup> TERR. APT. 1  
Miami, Florida 33186

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT’S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

BY:   
Oscar R. Rivera, Registered Agent  
Florida Bar No.: 329193

**ARTICLE IV – MANAGER/DIRECTORS**

<b><u>Title:</u></b>	<b><u>Name and Address</u></b>
MGR	Louis Phillipe Schirrar Pollas 13294 S.W. 112 <sup>th</sup> Terr. Apt. 1 Miami, Florida 33186

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REQUIRED SIGNATURE:

By:   
Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.)

OSCAR R. RIVERA

Type or printed name of signee

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