

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001243

1. Entity Name  
R.O.C. ASSOCIATES, L.L.C.

Principal Place of Business

2066 14TH AVENUE, SUITE 102  
VERO BEACH FL 32960

Mailing Address

2066 14TH AVENUE, SUITE 102  
VERO BEACH FL 32960



2. Principal Place of Business

Suite, Apt. #, etc.

SUITE 200

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3548521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROCKHILL, JOHN E

2066 14TH AVENUE, SUITE 102  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 200

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME ROCKHILL, JOHN E  
STREET ADDRESS 2066 14TH AVENUE, SUITE 102  
CITY-ST-ZIP VERO BEACH FL 32960

☐ Delete

TITLE MEM  
NAME ROCKHILL, KAREN  
STREET ADDRESS 1466 50TH CT.  
CITY-ST-ZIP VERO BEACH FL 32966

☐ Delete

TITLE MEM  
NAME GROTTICELLI, SABER  
STREET ADDRESS 24671 U.S. HWY 19N, STE. 460  
CITY-ST-ZIP CLEARWATER FL 34623

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

SUITE 200

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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-05/04/01--01097--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

CR2E083 (11/00)