

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001243

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



Principal Place of Business
**2066 14TH AVENUE, SUITE 200
VERO BEACH, FL 32960**

Mailing Address
**2066 14TH AVENUE, SUITE 200
VERO BEACH, FL 32960**

DO NOT WRITE IN THIS SPACE



05052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3568521

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 200
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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 re-instating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

000000157773
05/06/04-80041-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ROCKHILL, JOHN E
2066 14TH AVENUE, SUITE 200
VERO BEACH, FL 32960**

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Karen Rockhill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-5-04 772 567-7300 x 125