

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0014247

DOCUMENT # L99000002056

1. Entity Name

ROLIHER INVESTMENTS, L.L.C.

04-02-2002 90939 013 ****50.00

Principal Place of Business

**16600 SAPPHIRE MANOR
 WESTON FL 33331**

Mailing Address

**16600 SAPPHIRE MANOR
 WESTON FL 33331**

2. Principal Place of Business

16600 Sapphires Manor

3. Mailing Address

16600 Sapphires Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

65-0951404

Applied For

Not Applicable

Zip

33331

Country

Broward

Zip

33331

Country

Broward

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDO ORTIZ

16600 SAPPHIRE MANOR

WESTON FL 33331

Name

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 ORTIZ, MERCEDES
 AVENIDA COLON NO. 2-131, P.O. BOX 603
 SAN ANDRES ISLAS, COLOMBIA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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 #

MAR. 18/2002 (954) 5998980

CR2E083 (9/01)