

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90614 004 ****50.00

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DOCUMENT # L99000004292

1. Entity Name

ROANT, L.L.C.



Principal Place of Business

ONE S.E. 3RD AVE., SUITE 2400
C/O THERREL BAISDEN. P.A.
MIAMI FL 33131

Mailing Address

ONE S.E. 3RD AVE., SUITE 2400
C/O THERREL BAISDEN. P.A.
MIAMI FL 33131

2. Principal Place of Business

5439 NW 36th ST.

3. Mailing Address

5439 NW 36th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL

Miami, FL

City & State

City & State

33166

33166

Zip

Country

Zip

Country

USA

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1023189**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.
5439 N.W. 36TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **Anthony E. Kruszewski**

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

c/o U.S. Airmotive

5439 NW 36th ST.

City

Miami

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

4/2/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KRUSE ENTERPRISES, LTD.**
STREET ADDRESS **5439 NW 36TH STREET**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Anthony E. Kruszewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/03 305-885-4991

CR2E083 (10/02)