

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004759

1. Entity Name

ROARCO, LLC



Principal Place of Business

1501 PRESIDENTIAL WAY
SUITE 7
WEST PALM BEACH FL 33401

Mailing Address

1501 PRESIDENTIAL WAY
SUITE 7
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

65-0955576

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTMAN, RORY E
1501 PRESIDENTIAL WAY
SUITE 7
WEST PALM BEACH FL 33401

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MORTMAN, RORY E
STREET ADDRESS 1501 PRESIDENTIAL WAY SUITE 7
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE P ☐ Delete
NAME MORTMAN, RORY E
STREET ADDRESS 1501 PRESIDENTIAL WAY, SUITE 7
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VP ☐ Delete
NAME AHN, SUNGHEE
STREET ADDRESS 1501 PRESIDENTIAL WAY STE 7
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000030855
CITY-ST-ZIP 02/04/04-80127-008 50.00

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

TITLE ☐ Change ☐ Addition
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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: *Rory E. Mortman* **Rory E. Mortman** 1/29/04 561-6841312
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #