LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
02-28-2002 90041 038 ****50.00

DOCUMENT # M01000002831

1. Entity Name

ROCKET EXPRESS, LLC.

DO NOT WRITE IN THIS SPACE

[redacted]

2. Principal Place of Business	3. Mailing Address
10969 RAVEL CT	10969 Ravel CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOCA RATON, FL 33498	BOCA RATON, FL 33498
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1156489 — Applied For ☐ / Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARL ANDRIOFF

Street Address (P.O. Box Number is Not Acceptable): 10969 Ravel Court

City: BOCA RATON FL Zip Code: 33498

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 _____ DATE

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

ROCKET EXPRESS, LLC

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Member MGR
NAME	CORL ANDRIOFF
STREET ADDRESS	10969 RAVEL CT
CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	Member MGR
NAME	ALEXIS ANDRIOFF
STREET ADDRESS	10969 RAVEL CT
CITY-ST-ZIP	BOCA RATON, FL 33498
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NAME	
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CR2E083B (12/01)

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: _____ CORL ANDRIOFF 2/15/01 561 487 7758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #