

## 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or  
After October 8, 1997. If Dissolved, Minimum Amount  
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP -2 AM 11:54

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee  
**\$ 588.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** M96000000096

ROCKRIMMON COMMODITIES, LLC  
2600 NORTH MILITARY TRAIL  
BOCA RATON FL

1a. Principal Place of Business Address

2600 NORTH MILITARY TRAIL  
BOCA RATON FL

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03/25/1996

NY

City & State

City & State

4. FEI Number

13-3811521

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

WILSON, JEFFREY  
2600 NORTH MILITARY TRAIL  
BOCA RATON FL

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM WILSON, JEFFREY T

17095 DARLINGTON CT.

BOCA RATON FL

MGR ARNONE, KEVIN M

120 BROADWAY

NEW YORK NY

MGRM LLOYD, ANDREW

120 BROADWAY

NEW YORK NY

MGRM HOLLAND, TOM

120 BROADWAY

NEW YORK NY

600002285176-4  
-09/04/97--01099--009  
\*\*\*\*588.75 \*\*\*\*588.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8-26-97

KWM