

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086809

**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC9405534181**

**Entity Name:** ROLDAN INVESTMENT COMPANY OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

5485 WILES ROAD, SUITE #405  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4836 NW 72 PLACE  
COCONUT CREEK, FL 33073

**FEI Number:** 20-5512694

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROLDAN, MARIA  
4836 NW 72ND PLACE  
COCONUT CREEK, FL 33073 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROLDAN, JOAQUIN G  
Address 1629 NE 17TH TERRACE  
City-State-Zip: FT LAUDERDALE FL 33305

Title MGRM  
Name ROLDAN, JOSE V  
Address 4836 NW 72 PLACE  
City-State-Zip: COCONUT CREEK FL 33304

Title MGRM  
Name ROLDAN, NELSON J  
Address 4836 NW 72 PLACE  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name ROLDAN, GERMAN  
Address 7620 264 STREET  
City-State-Zip: GLEN OAKS NY 11004

Title MGRM  
Name ORTA, GLORIA P  
Address 1100 SW 109TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33025

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NELSON ROLDAN

**MEMBER**

**02/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date