

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000191657

Entity Name: ROCHA'S ENTERPRISE LLC**Current Principal Place of Business:**7667 OTTERSPOOL ST
KISSIMMEE, FL 34747**Current Mailing Address:**7150 WOODED VILLAGE LANE
ORLANDO, FL 32819 US**FEI Number:** 36-4799605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING & CONSULTING SERVICES LLC
7901 KINGSPONTE PARKWAY SUITE 17
ORLANDO, FL 32819 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:** CAROLINE LARSON

04/05/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GOMES ROCHA, RONALDO
Address RUA STELLA BRUNA CECCHI
NARDELLI 164
City-State-Zip: RIBEIRAO PIRES 09400-150

Title AMBR
Name FELIX ROCHA, IVANIRA
Address RUA STELLA BRUNA CECCHI
NARDELLI 164
City-State-Zip: RIBEIRAO PIRES 09400-150

Title AMBR
Name FELIX ROCHA, RODRIGO
Address RUA STELLA BRUNA CECCHI
NARDELLI 164
City-State-Zip: RIBEIRAO PIRES SP 09400-150

Title AMBR
Name FELIX ROCHA, LUCIANA
Address RUA STELLA BRUNA CECCHI
NARDELLI 164
City-State-Zip: RIBEIRAO PIRES SP 09400-150

Title AMBR
Name FELIX ROCHA, RENATA
Address RUA STELLA BRUNA CECCHI
NARDELLI 164
City-State-Zip: RIBEIRAO PIRES SP 09400-150

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: GOMES ROCHA , RONALDO

AMBR

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date