

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000036792

Entity Name: ROCA'S PARTNERSHIP, LLC**Current Principal Place of Business:**11040 NW 2ND AVE
MIAMI SHORES, FL 33168**Current Mailing Address:**11040 NW 2ND AVE
MIAMI SHORES, FL 33168 US**FEI Number:** 38-4026144**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARRANZA-MENDOZA, ANGELA S
11040 NW 2ND AVE
MIAMI SHORES, FL 33168 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	MGR
Name	CARRANZA-MENDOZA, ANGELA S
Address	3039 NW 102 PATH
City-State-Zip:	DORAL FL 33172

Title	AP
Name	ROMERO-CARRANZA, EVELYN
Address	3039 NW 102 PATH
City-State-Zip:	DORAL FL 33172

Title	AP
Name	ROMERO-CARRANZA, HENRY
Address	3039 NW 102 PATH
City-State-Zip:	DORAL FL 33172

Title	AP
Name	ROMERO-CARRANZA, ANGELA
Address	3039 NW 102 PATH
City-State-Zip:	DORAL FL 33172

Title	MGR-AP
Name	ROMERO-MICHUY, NICASIO H
Address	11040 NW 2ND AVE
City-State-Zip:	MIAMI SHORES FL 33168

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: ANGELA S CARRANZA-MENDOZA

MGM

03/20/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date