

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000143973

**Entity Name:** ROCKAGE PRODUCTIONS LLC

**Current Principal Place of Business:**

3132 OWASSA CT.  
KISSIMMEE, FL 34746

**Current Mailing Address:**

3132 OWASSA CT.  
KISSIMMEE, FL 34746 US

**FEI Number: 81-3587813**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC  
3030 N. ROCKY POINT DR.  
STE. 150A  
TAMPA, FL 33607 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           | AMBR                | Title           | OWNER              |
| Name            | MAURATH, JOEY       | Name            | ROCKAGE, MARK      |
| Address         | 8619 WHITE ROSE DR. | Address         | 3132 OWASSA CT.    |
| City-State-Zip: | ORLANDO FL 32818    | City-State-Zip: | KISSIMMEE FL 34746 |

*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: MARK ROCKAGE**

**OWNER**

**01/12/2018**

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

\_\_\_\_\_  
Date