

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000333132

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**5103674329CC**

**Entity Name:** ROCKY'S RESTAURANT REPAIRS LLC

**Current Principal Place of Business:**

490 LIVE PINE CIRCLE  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 540028  
ORLANDO, FL 32854 US

**FEI Number:** 87-1814280

**Certificate of Status Desired:** No

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

SIEGEL, JONATHAN  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** JONATHAN SIEGEL

02/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SIEGEL, JONATHAN  
Address 490 LIVE PINE CIRCLE  
City-State-Zip: APOPKA FL 32703

Title PST  
Name SIEGEL, JONATHAN  
Address 490 LIVE PINE CIRCLE  
City-State-Zip: APOPKA FL 32703

Title VP  
Name SIEGEL, RAQUEL  
Address 490 LIVE PINE CIRCLE  
City-State-Zip: APOPKA FL 32703

*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:** JONATHAN SIEGEL

**OWNER**

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date