

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000102791

**Entity Name:** ROLE TRAN, LLC

**Current Principal Place of Business:**

3197 NE 224TH ST  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

PO BOX 2738  
LAKE PLACID, FL 33862 US

**FEI Number:** 86-2592608

**Certificate of Status Desired:** No

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

SIMS MUNSON, CERTIFIED PUBLIC ACCOUNTANTS  
319 N. PARROTT AVE  
OKEECHOBEE, FL 34972 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  
Name BRADY, ROBERT  
Address 6705 SW WOODBINE WAY  
City-State-Zip: PALM CITY FL 34990

Title AMBR  
Name BRADY, ANGELA  
Address 6705 SW WOODBINE WAY  
City-State-Zip: PALM CITY FL 34990

Title AMBR  
Name LIGHTSEY, LEE  
Address PO BOX 2738  
City-State-Zip: LAKE PLACID FL 33862

Title AMBR  
Name LIGHTSEY, TRACY  
Address PO BOX 2738  
City-State-Zip: LAKE PLACID FL 33862

*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:** TRACY LIGHTSEY

AMBR

02/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date