



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE RECEIVED

DATE: 3/16/25
INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: Rokoli LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 6900 S Orange Blossom Trail, Suite 406, Orlando, FL 32809, Orange County
- 3. CONTACT INFORMATION: Name: Shesly N. Milsoit
Business Phone: 850-704-2777
Mobile Phone: 407-669-5424
Email: rokoliusa@gmail.com
- 4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: N/A
- 5. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH
- 6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
 YES, DATE: Expires 11/26/2025 NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION: 2
- 2. EMPLOYEE ROSTER: 3
NAME Shesly N Milsoit, Magda F Milsoit, Jose R Benoit CURRENT CPR CARD (Y/N) Y

Provided to EMS Office


I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for

operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.



SIGNATURE OF APPLICANT OR REPRESENTATIVE

03-05-2025
DATE:

NOTARY SEAL


NOTARY SIGNATURE

