

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2013**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT 24 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO9000067686**

1. Limited Liability Company's Name

ROSEN Management, LLC

800253199738
10/24/13--01028--005 **238.75
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

277 Galeow ct

Suite, Apt. #, etc.

3. Mailing Office Address

277 Galeow ct

Suite, Apt. #, etc.

4. State/Country of Formation

7-14-09

5. Date Organized or Qualified
To Do Business in Florida

City & State

Coral Gables, FL

City & State

Coral Gables, FL

6. FEI Number

271330558

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SINGER BEARN A.

Street Address (P.O. Box Number is Not Acceptable)

3107 Stirling RD.

Suite, Apt. #, Etc.

104

City

Fort Lauderdale

State

FL

Zip Code

33312

E-mail Address:

WROSEN55@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date **10/16/2013**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROSEN, DREW C	277 Galeow ct	Coral Gables, FL 33143

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

10-15

Daytime Phone #

305-746-9874

Typed or printed name of signing Managing Member/Manager

Drew C. Rosen, manager

K. ASHTON