2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113152

1. Entity Name ROS & ROS, LLC



FILED Feb 25, 2008 08:00 Al Secretary of State

Principal Place of Business

220 MIRACLE MILE

206 CORAL GABLES, FL 33134 Mailing Address

3760 SW 82 AVE MIAMI, FL 33155



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01132008 No Chg-LLC CR2E08

CR2E083 (12/07)

4. FEI Number 51-0612632

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AREAN, SUSANA 12391 SW 75 ST MIAMI, FL, FL 33183

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	1		
	named entity submits this statement for the purpose of chains of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title II applicable	(NOTE Registered Agent signature required when reinstating)	DATE
	Signature, typed or printed name or registered agent and title it applicable	(NOTE Hegistered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		U00000839675
NAME	ROS, MARIA V		03/06/08-80018-005 138.75
STREET ADDRESS	3760 SW 82 AVE	•	
CITY-ST-ZIP	MIAMI, FL 33155		
TITLE	MGR		
NAME	ROS, CIRO		
STREET ADDRESS	3760 SW 82 AVE	·	
CITY-ST-ZIP	MIAMI, FL 33155		
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STREET ADDRESS				person representative or		ويورد والمستود الم	491 15
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11. I nereby o	certify that the information supplied w	th this filing dees not qualify f	for the exemptions contain	ned in Chapter 119, Florida Sta	tutes. I fur	rther certify that the i	nformation

indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #