

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046317

**Entity Name:** ROSE NC LLC

**Current Principal Place of Business:**

% BONNIE S. MILLER CPA  
9050 PINES BLVD/SUITE 301  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

% BONNIE S. MILLER CPA  
9050 PINES BLVD/SUITE 301  
PEMBROKE PINES, FL 33024

**FEI Number:** 20-4814331

**Certificate of Status Desired:** No

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

MILLER, BONNIE S  
9050 PINES BLVD/SUITE 301  
PEMBROKE PINES, FL 33024 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 MGR  
Name MILLER, BONNIE S  
Address 9050 PINES BLVD SUITE 301  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** BONNIE MILLER

**MANAGER**

**04/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date