

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000083817

**Entity Name:** ATLANTIC ROSE LLC

**Current Principal Place of Business:**

16850-112 COLLINS AVENUE, #434  
MIAMI, FL 33160

**Current Mailing Address:**

250 174TH ST #909  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 45-4048154

**Certificate of Status Desired:** No

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

TELLER, ROMAN  
250 174TH ST #909ND STREET  
SUNNY ISLES BEACH, FL 33160 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                            | Title           | MGR                            |
| Name            | TELLER, ROMAN                  | Name            | SHEVLIN, JOY ELLE              |
| Address         | 16850-112 COLLINS AVENUE, #434 | Address         | 16850-112 COLLINS AVENUE, #434 |
| City-State-Zip: | MIAMI FL 33160                 | City-State-Zip: | MIAMI FL 33160                 |

*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:** ROMAN TELLER

**MGR**

**04/16/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date