

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095542

**FILED**  
**Jan 07, 2017**  
**Secretary of State**  
**CC0503065554**

**Entity Name:** ROSEBUD GROUP LLC

**Current Principal Place of Business:**

2319 SUNRISE DR SE  
ST PETERSBURG, FL 33705

**Current Mailing Address:**

PO BOX 3826  
ST PETERSBURG, FL 33731

**FEI Number:** 45-2829345

**Certificate of Status Desired:** No

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

KAVANAUGH, DARLENE  
2319 SUNRISE DR SE  
ST PETERSBURG, FL 33705 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 KAVANAUGH, DARLENE  
Address 2319 SUNRISE DR SE  
City-State-Zip: ST PETERSBURG FL 33705

Title MGR  
Name PACEL-SELLERS, DAVE  
Address 2319 SUNRISE DR SE  
City-State-Zip: ST PETERSBURG FL 33705

Title AMBR  
Name I M. PACL LIVING TRUST D.T. PACEL TRUSTEE  
Address 2319 SUNRISE DR SE  
City-State-Zip: ST PETERSBURG FL 33705

*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:** DAVE PACEL-SELLERS

**MGR**

**01/07/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date