

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114965

**Entity Name:** ROSEWOOD INTERIORS, LLC**Current Principal Place of Business:**19505 QUESADA AVE.  
JJ202  
PORT CHARLOTTE, FL 33948**Current Mailing Address:**PO BOX 380685  
MURDOCK, FL 33938**FEI Number:** 46-4042921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HACKBARTH, JENNIFER L  
19505 QUESADA AVE.  
JJ202  
PORT CHARLOTTE, FL 33948 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           | PRESIDENT                      |
| Name            | HACKBARTH, JENNIFER L          |
| Address         | 19505 QUESADA AVE., UNIT JJ202 |
| City-State-Zip: | PORT CHARLOTTE FL 33948        |

|                 |                                |
|-----------------|--------------------------------|
| Title           | SECRETARY                      |
| Name            | HACKBARTH, BRIANNA L           |
| Address         | 19505 QUESADA AVE., UNIT JJ202 |
| City-State-Zip: | PORT CHARLOTTE FL 33948        |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | TREASURER                        |
| Name            | HACKBARTH, BRANDON W             |
| Address         | 19505 QUESADA AVE.<br>UNIT JJ202 |
| City-State-Zip: | PORT CHARLOTTE FL 33938          |

  

|                 |                             |
|-----------------|-----------------------------|
| Title           | VP                          |
| Name            | HACKBARTH, CHARLES E        |
| Address         | 19505 QUESADA AVE.<br>JJ202 |
| City-State-Zip: | PORT CHARLOTTE FL 33948     |

*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:** JENNIFER HACKBARTH

PRES

04/19/2016

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