

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000019687

**Entity Name:** BED OF ROSES, LLC

**Current Principal Place of Business:**

4340 S MANHATTAN AVE  
TAMPA, FL 33611

**Current Mailing Address:**

4317 S HALE STREET  
TAMPA, FL 33611 US

**FEI Number:** 83-3295986

**Certificate of Status Desired:** No

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

AGOSTINELLI, JOSHUA  
9910 SAGE CREEK DRIVE  
SUN CITY CENTER, FL 33573 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            AMBR  
Name            AGOSTINELLI, JOSHUA  
Address        4317 S HALE STREET  
City-State-Zip: TAMPA FL 33611

*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:** AGOSTINELLI, JOSHUA

**OWNER**

**05/01/2022**

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

\_\_\_\_\_  
Date