

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000277280

**Entity Name:** ROSEMONT RE LLC

**Current Principal Place of Business:**

200 S. BISCAYNE BOULEVARD  
SUITE 4100 (LAD)  
MIAMI, FL 33131

**Current Mailing Address:**

200 S. BISCAYNE BOULEVARD  
SUITE 4100 (LAD)  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
200 S. BISCAYNE BOULEVARD  
SUITE 4100 (LAD)  
MIAMI, FL 33131 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 AND CEO  
Name            PENA, HORACIO  
Address        200 S. BISCAYNE BOULEVARD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            RODRIGUEZ, CRISTOBAL  
Address        200 S. BISCAYNE BOULEVARD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            SOUBLETTE, FRANCISCO  
Address        200 S. BISCAYNE BOULEVARD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            MANAGER  
Name            DEVELOPERS RE IV, INC.  
Address        200 S. BISCAYNE BOULEVARD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

*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:** RODRIGUEZ , CRISTOBAL

VP

02/20/2021

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

\_\_\_\_\_  
Date