

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000233009

**Entity Name:** ROSGAN GROUP, LLC**Current Principal Place of Business:**20 BOLBURY CRESCENT  
SWINTON M27 8AX  
MANCHESTER UNITED KINGDOM,**Current Mailing Address:**7965 SAGEBRUSH PL  
ORLANDO, FL 32822 US**FEI Number:** 81-1978725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PENALOZA, LUZ MIREYA CPA  
7965 SAGEBRUSH PL  
ORLANDO, FL 32822 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 VAN GANSEN, INGRID M  
Address 20 BOLBURY CRESCENT  
SWINTON M27 8AX  
City-State-Zip: MANCHESTER UNITED KINGDOM

Title MBR  
Name ROSSI VAN GANSEN, ROMINA P  
Address 20 BOLBURY CRESCENT  
SWINTON M27 8AX  
City-State-Zip: MANCHESTER UNITED KINGDOM

Title MBR  
Name ROSSI VAN GANSEN, TOMAS A  
Address 20 BOLBURY CRESCENT  
SWINTON M27 8AX  
City-State-Zip: MANCHESTER UNITED KINGDOM

Title MBR  
Name ROSSI, ALEJANDRO A  
Address 20 BOLBURY CRESCENT  
SWINTON M27 8AX  
City-State-Zip: MANCHESTER UNITED KINGDOM

Title MBR  
Name ROSSI VAN GANSEN, MICAELA G  
Address 20 BOLBURY CRESCENT  
SWINTON M27 8AX  
City-State-Zip: MANCHESTER UNITED KINGDOM

Title MBR  
Name ROSSI VAN GANSEN, MATEO E  
Address 20 BOLBURY CRESCENT  
SWINTON M27 8AX  
City-State-Zip: MANCHESTER UNITED KINGDOM

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:** INGRID VAN GANSEN**PRESIDENT****04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date