

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000181941

**Entity Name:** RESCUE METAL FRAMING OF MIAMI, LLC

**Current Principal Place of Business:**

1741 NW 33RD ST  
UNIT A  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

1741 NW 33RD ST  
UNIT A  
POMPANO BEACH, FL 33064 US

**FEI Number:** 88-1794981

**Certificate of Status Desired:** No

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

ROSEN, DREW C  
2601 DELMAR PLACE  
FORT LAUDERDALE, FL 33301 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           MANAGING MEMBER, PRESIDENT  
Name           ROSEN, DREW C  
Address        2601 DELMAR PLACE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title           VP, SECRETARY, TREASURER  
Name           ROSEN, DANICA  
Address        2601 DELMAR PL  
City-State-Zip: FORT LAUDERDALE FL 33301-1577

Title           VP  
Name           ROSEN, BIANCA  
Address        2601 DELMAR PL  
City-State-Zip: FORT LAUDERDALE FL 33301-1577

Title           PRODUCTION MANAGER  
Name           RYAN, WILLIAM  
Address        2601 DELMAR PL  
City-State-Zip: FORT LAUDERDALE FL 33301-1577

Title           SALES MANAGER  
Name           ROSEN, JARED  
Address        2601 DELMAR PL  
City-State-Zip: FORT LAUDERDALE FL 33301-1577

*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:** DANICA ROSEN

VP

02/05/2024

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

\_\_\_\_\_  
Date