2001 UNIFORM BUSINESS RI		-
DOCUMENT # L0000012353	3	
1. Entity Name ROSENTHAL PROPERTIES, LLC	•	FILED
		01 JUN 18 PM 12: 36
Principal Place of Business Mailing Address 10381 GOLDEN EAGLE COURT 10381 GOLDEN		73, 13 11 1 9 0 0
PLANTATION FL 33324 PLANTATION FL	33324	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	,	
2. Principal Place of Business 3. Mailing Addres 1250 W Syncise Burg	ss	1 18811811 211 08111 08111 08111 08111 08111 08111 08111 11010 11010 11010 11101 11111 11111 11111
Suite, Apt. #, etc. Suite, Apt. #, et	tc.	DO NOT WRITE IN THIS SPACE
City & State City & State	·	4. FEI Number Applied For Not Applicable
Zip Country Zip	Country	5 Certificate of Status Desired \$5.00 Additional
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ROSENTHAL, HEIDI	Name	
10381 GOLDEN EAGLE COURT PLANTATION FL 33324	Street Addres	ss (P.O. Box Number is Not Acceptable)
7 3 4 7 7 6 6 6 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7	City	FL Zip Code
8. The above named entity submits this statement for the purpose of char	Inging its registered office or regis	
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature requ	
I	ILE NOW!!! FEE IS \$50.0 eck Payable to Department	· · · · · · · · · · · · · · · · · · ·
9. MANAGING MEMBERS MEMBERS TITLE TO Dela Dela Dela	10. ete TITLE	ADDITIONS/CHANGES TERRY RUSENTHAL I C D Change Addition 8
NAME STREET ADDRESS CITY-ST-ZIP MGR	NAME T	1874 Golden Eagle Cont Change Addition (2)
TITLE Dele	ete TITLE NAME	I o di Kose al kol
STREET ADDRESS HOW ROSE, THOU	STREET ADDRESS	10387 Colden Eagle Cours
TITLE Dek	CITY-ST-ZIP TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	0000044467603 -06/27/0101006024
TITLE Dele	ete TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE Dek	_	Change Addition
NAME STREET ADDRESS .	NAME STREET ADDRESS	
CITY-ST-ZIP Dele	CITY-ST-ZIP	Change Addition
NAME	NAME	Change (Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same total 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 608, Florida Statutes.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviging Phone #		

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