

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000009904

1. Entity Name
ROSMOR, LLC



Principal Place of Business

470 COLUMBIA DRIVE
SUITE D-201
WEST PALM BEACH, FL 33409

Mailing Address

470 COLUMBIA DRIVE
SUITE D-201
WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE



01192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1116236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREBOOM, DOUGLASS E
470 COLUMBIA DRIVE
SUITE D-201
WEST PALM BEACH, FL 33409

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000346849
04/30/05-80092-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SACHS, ROSE
STREET ADDRESS 301 AUSTRALIAN AVE, SUITE 297
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE MGR
NAME SACHS, LYNNE A
STREET ADDRESS 211 HILTON AVE.
CITY-ST-ZIP BALTIMORE, MD 21228

TITLE MGR
NAME PEREBOOM, DOUGLASS E
STREET ADDRESS 470 COLUMBIA DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE MGR
NAME SACHS, IRAGLASS N
STREET ADDRESS STAGG LODGE 33 DEER VALLEY
CITY-ST-ZIP PARK CITY, UT 84060

TITLE MGR
NAME SACHS, DANA E
STREET ADDRESS 101 SOUTH 5TH STREET
CITY-ST-ZIP WILMINGTON, NC 28401

TITLE MGR
NAME SACHS, IRA N JR.
STREET ADDRESS ONE 5TH AVE. APT. -D
CITY-ST-ZIP NEW YORK, NY 10003

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Rose Sachs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #