FILED ← 2002 UNIFORM BUSINESS REPORT (UBR) Jul 01, 2002 8:00 am Secrétary of State DOCUMENT #LO1000016497 07-01-2002 90342 003 ****50.00 Roses Unfimited, LLC 07-01-2002 90342 004 ****50.00 Principal Place of Business Mailing Address ncipal Place of Business 1660 NW 8 Suite, Apt. #, etc. 95960 City & State City & State 4. FEI Number Applied For സ്വാ Florida miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shommic Street Address (P.O. Box Number is Not Acceptable) Miami 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP.P.D ☐ Delete TITLE Change ☐ Addition NAME Simmons, Ian NAME 1660 NW 82 1 Ave STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHTY-ST-ZLP Delete TITLE Change Addition NAMÉ STREET ADORESS STREET ADDRESS CITY-ST-ZIP CiTY (S) - ZIP * TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP 13. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 4, 2002

ROSES UNLIMITED, LLC 1660 N.W. 82ND AVE. MIAMI, FL 33126

SUBJECT: ROSES UNLIMITED, LLC Ref. Number: £01000016497

We have received your document for ROSES UNLIMITED, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$50.00.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file the limited liability company annual report/uniform business report form is \$50. Please include an additional \$5 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 602A00036002