

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90035 020 ****50.00

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1. Entity Name
A SPECIAL ROSE, LLC



Principal Place of Business
14546 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647 US

Mailing Address
14546 BRUCE B. DOWNS BLVD.
TAMPA, FL 33647 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2097075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'BERRY, ROSE
5100 BUNCHETTE RD #1602
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name O'Berry, Rose

Street Address (P.O. Box Number is Not Acceptable)

19033 Callaway Ct.

City Tampa

FL

Zip Code 33647

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME O'BERRY, ROSE J ☐ Delete
STREET ADDRESS 5100 BUNCHETTE RD #1602
CITY-ST-ZIP TAMPA, FL 33647

TITLE O'Berry, Rose J ☒ Change ☐ Addition
NAME
STREET ADDRESS 19033 Callaway Ct.
CITY-ST-ZIP Tampa, FL 33647

TITLE MGRM
NAME STUART, SEAN ☐ Delete
STREET ADDRESS 17443 SPRING VALLEY RD.
CITY-ST-ZIP DADE CITY, FL 335256255

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 O'Berry*

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

Date

Daytime Phone #