## ....- 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003423

1. Entity Name ROSÉMINT, L.L.C.



FILED ' Mar 21, 2008 08:00 A Secretary of State

Principal Place of Business

1930 HARRISON ST. STE 503 HOLLYWOOD, FL 33020 US Mailing Address

1930 HARRISON STREET SUITE 503 HOLLYWOOD, FL 33020



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applie	d For	
20-0591459	Not A	pticabl	
5. Certificate of Status Desired	\$5.00 Addition	\$5.00 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEGAL, DEBORAH A 1930 HARRISON ST. STE 503 HOLLYWOOD, FL 33020

## DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered a	agent, or both, in the State	of Florida. I am familiar v	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tritle & applicable	[NOTE: Registered Agent signature required when	n rematating)	DATE	
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			, .	
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGAL, DEBORAH A 1930 HARRISON ST STE 503 HOLLYWOOD, FL 33020			•	• • • • • • • • • • • • • • • • • • •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, ANN J 16375 NE 18TH AVE #300 NORTH MIAMI BEACH, FL 33162		,	)0000866032 3/08-80008-021	138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	a di sa di
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	ž	
TITLE NAME STREET ADDRESS		- Committee of			

11. I hereby certify that the information supplied with this fitting 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 supplature 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:

City-St-7IP

SIGNATURE AND TYPED OR PRINTED HAME OF SIG AUTHORIZED REPRESENTATIVE