# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # L040000 13906

1. Entity Name

Rose LLC

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 500 State Road 436 # 2022 | |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State: Casselberry, FL | City & State |
| Zip: 32707 / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0752910 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MANDANI, SADIQ

Street Address (P.O. Box Number is Not Acceptable): 500 S R 436 SUITE 2022

City: Casselberry FL Zip Code: 32707

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 _____ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | MANDANI, SADIQ |
| STREET ADDRESS | 500 S R 436 SUITE 2022 |
| CITY-ST-ZIP | Casselberry FL 32707 |
| TITLE | MGR |
| NAME | MANDANI, KAIRUNISHA |
| STREET ADDRESS | 500 S R 436 SUITE 2022 |
| CITY-ST-ZIP | Casselberry FL 32707 |
| TITLE | MGRM |
| NAME | SHAFEEQ, ALI |
| STREET ADDRESS | 500 S R 436 SUITE 2022 |
| CITY-ST-ZIP | Casselberry FL 32707 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | U00000358626 05/04/05-80120-021 50.00 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E083B (12/02)

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 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:** Shafeeqan 4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #