


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90087 022 ****50.00

DOCUMENT # L04000051894	
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1. Entity Name
ROSE DIAMONDS LLC

Principal Place of Business 5930 NE 18TH AVENUE #302 FT. LAUDERDALE, FL 33334 US	Mailing Address 5930 NE 18TH AVENUE #302 FT. LAUDERDALE, FL 33334 US
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50054158



2. Principal Place of Business 4838 N University Dr	3. Mailing Address 300 SE 11th Ave #
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 211

02102005 Chg-LLC CR2E083 (10/03)

City & State Lauderhill FL	City & State Pompano Beach FL	4. FEI Number 20-1359553	Applied For <input type="checkbox"/> Not Applicable
Zip 33351	Country Broward	Zip 33060	Country Broward

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

6. Name and Address of Current Registered Agent CHOI, JENNIFER 5930 NE 18TH AVENUE #302 FT. LAUDERDALE, FL 33334	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300 SE 11th Ave #211 City Pompano Beach FL Zip Code 33060
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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  **Jennifer Choi** DATE **5/1/05**
(NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOI, JENNIFER 5930 NE 18TH AVENUE, #302 FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 SE 11th Ave #211 Pompano Beach, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/05

Date

954-240-9434

Daytime Phone #