
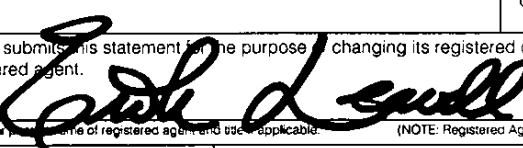


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 017 ****50.00

DOCUMENT # L04000058620			
1. Entity Name ROSEDALE LAND & TITLE CO LLC			
Principal Place of Business 11911 U.S. HIGHWAY ONE SUITE 201-15 NORTH PALM BEACH, FL 33435		Mailing Address 60 N.E 104 STREET MIAMI SHORES, FL 33138	
2. Principal Place of Business - No P.O. Box # 11911 U.S. HIGHWAY ONE		3. Mailing Address SUITE 201	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.	
City & State NORTH PALM BEACH, FL		City & State	
Zip 33408	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LEAVELL, ERIK 8733 OLDHAM WAY WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Jan 3, 2007 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1462236 Applied For
Not Applicable

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEAVELL, ERIK 8733 OLDHAM WAY WEST PALM BEACH, FL 33412 <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 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 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

Date

Daytime Phone #

Jan 3, 2007 561 2965914