

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000062561

**FILED**  
**Oct 26, 2005**  
**Secretary of State**

**Entity Name:** ROSEN WEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

503 POLARIS LOOP  
UNIT 107  
CASSELBERRY, FL 32790

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 954  
WINTER PARK, FL 32790

**New Mailing Address:**

**FEI Number:** 20-1530094      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROSEN, DEBORAH  
503 POLARIS LOOP  
UNIT 107  
CASSELBERRY, FL 32790 US

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.

**SIGNATURE:** DEBORAH ROSEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** ROSEN, DEBORAH  
**Address:** P. O. BOX 954  
**City-St-Zip:** WINTER PARK, FL 32790

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** DEBORAH ROSEN

MGR

10/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date