

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 19 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000063172

1. Limited Liability Company's Name

ROSIE'S REALTY, LLC

2. Principal Office Address - No P.O. Box #

7301 Carmela Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Zip

33446

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

08-25-04

6. FEI Number

56-2480196

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHARLES S. DALE, P.A.

Street Address (P.O. Box Number is Not Acceptable)

414 N.E. FOURTH STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33301

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

Charles S. Dale
REGISTERED AGENT MUST SIGN

Date

3-8-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SIRANUSH KHACHARYAN	4470 S.W. 26TH. AVENUE	FT. LAUDERDALE, FL. 33312
			900104649579 08/21/07--01011--019 **200.00

REINSTATEMENT *06/07*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**Signature of
Managing Member/Manager**

Larisa Klochov

Date

4/3/07

Daytime Phone #

(561)499-4307

Typed or printed name of signing Managing Member/Manager

~~SIRANUSH KHACHARYAN~~

LARISA KLOCHOV