

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072850

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LA ROSA REFERRAL NETWORK, LLC

**Current Principal Place of Business:**

1420 CELEBRATION BLVD SUITE 100  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

1420 CELEBRATION BLVD SUITE 100  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 26-0125200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAROSA, MIKE  
801 OAK SHADOWS ROAD  
CELEBRATION, FL 34747 US

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

LA ROSA, MIKE  
801 OAK SHADOWS ROAD  
CELEBRATION, FL 34747 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: MIKE LA ROSA

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAROSA, MIKE  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete  
Name: LA ROSA, JOSEPH  
Address: 1420 CELEBRATION BLVD SUITE 100  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LA ROSA, MIKE  
Address: 801 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MIKE LA ROSA

MGR

04/28/2009

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