

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

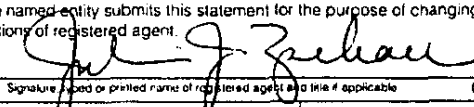
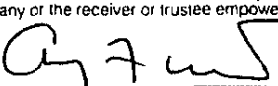
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000093419					
1. Entity Name LA ROSA, LLC					
Principal Place of Business 2006 E 4TH AVENUE TAMPA, FL 33605			Mailing Address PO BOX 88 VALRICO, FL 33595		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2701 N. Rocky Point Dr.			
Suite, Apt. #, etc		Suite, Apt. #, etc 900			
City & State		City & State Tampa, FL			
Zip	Country	Zip	Country	4. FEI Number	
33607	USA	33607	USA	☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ZSCHAU, JULIUS J 2701 N. ROCKY POINT DRIVE STE 900 TAMPA, FL 33607				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
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				Julius J. Zschau	
		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
				DATE 03/08/07	
FILE NOW!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	CIVITELLO, ANTHONY		NAME		
STREET ADDRESS	1700 SHERMAN AVENUE		STREET ADDRESS	Hamden, CT 06514	
CITY- ST- ZIP	HARRISON, CT 06514		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	900092370839	
CITY- ST- ZIP			CITY- ST- ZIP	03/13/07--01039--003 **105.00	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:				Anthony F. Civitello	
		Signature and typed or printed name of signing managing member, manager, or authorized representative		Date 3/2/07	
				Daytime Phone # 204-915-2906	