

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000121559

1. Entity Name  
ROSEMARY HOLDINGS, LLC



FILED

08 JAN 31 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business *← same →* Mailing Address  
P.O. BOX 8807 P.O. BOX 8807  
NAPLES, FL 34101 NAPLES, FL 34101  
*2805 S. Horseshoe Drive, Suite 1*  
*Naples, FL 34104*

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*2805 South Horseshoe*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 1*

11212007 REIN-LLC CR2E101 (1/07)

City & State

City & State

*Naples, FL*

4. FEI Number  
20-4007689

Applied For

Not Applicable

Zip

Country

Zip

Country

*34104*

*U.S.*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARC F. OATES, P.A.  
5515 BRYSON DRIVE  
SUITE 502  
NAPLES, FL 34109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, Fee will be \$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  
NAME SORBARA, GEORGE ☐ Delete  
STREET ADDRESS P.O. BOX 8807  
CITY-ST-ZIP NAPLES, FL 34101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*200113183402*  
*12/17/07--01010--008 \*\*50.00*

TITLE MGRM  
NAME TARVIN, MICHAEL ☐ Delete  
STREET ADDRESS P.O. BOX 12183  
CITY-ST-ZIP NAPLES, FL 34101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *cf Sorbara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*12/5/07 239262-6990*

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