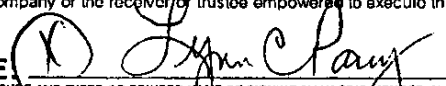


FILED
Feb 19, 2007 8:00 am
Secretary of State

02-01-2007 90048 009 ***55.00

DOCUMENT # L06000004487 1. Entity Name ROSE'S INSURANCE ENTERPRISES, LLC				Secretary of State 02-01-2007 90048 009 ****55.00	
Principal Place of Business 625 COURT STREET, SUITE 200 C/O J. PAUL RAYMOND CLEARWATER FL 33756		Mailing Address 625 COURT STREET, SUITE 200 C/O J. PAUL RAYMOND CLEARWATER FL 33756			
2. Principal Place of Business - No P.O. Box 2035 Bellear Ro		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater		City & State		4. FEI Number	
Zip 33764		Country		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00		Additional Fee Required			
6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 COURT STREET, SUITE 200 CLEARWATER FL 33756			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 fee if applicable. (NOTE: Registered Agent signature required when necessary).					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP LYNN PERRY MGR 2035 Bellear Ro CLEARFL 33764			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					