2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L06000004487

Entity Name: ROSE'S INSURANCE ENTERPRISES, LLC

Current Principal Place of Business:

2035 BELLEAS RD
CLEARWATER, FL 33764

New Principal Place of Business:

2035 BELLEAIR RD
CLEARWATER, FL 33764

Current Mailing Address:

625 COURT STREET, SUITE 200
C/O J. PAUL RAYMOND
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PARRY, LYNN
Address: 2035 BELLEIAR RD
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PARRY, LYNN
Address: 2035 BELLEAIR RD
City-St-Zip: CLEARWATER, FL 33764

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: LYNN PARRY MRS 07/08/2008

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