

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025608

Entity Name: ROSIE'S D'LITES LLC

FILED  
Aug 26, 2008  
Secretary of State

**Current Principal Place of Business:**

280 S. SR 434  
SUITE 1048  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

217 MEADOW BEAUTY TERRACE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 42-1696875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROSENBLUM, DANNY  
217 MEADOW BEAUTY TERRACE  
SANFORD, FL 32771 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: ROSENBLUM, ELYSE  
Address: 217 MEADOW BEAUTY TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: ROSENBLUM, DANNY  
Address: 217 MEADOW BEAUTY TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: ROSENBLUM, MATTHEW  
Address: 217 MEADOW BEAUTY TERRACE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

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

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

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: DANNY ROSENBLUM

MGRM

08/26/2008

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