

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90361 022 \*\*\*\*50.00

**DOCUMENT # L06000036611**

1. Entity Name  
**DOROTHY ROSE, LLC**



Principal Place of Business  
**25188 MARION AVE. APT. 402D  
PUNTA GORDA, FL 33950**

Mailing Address  
**25188 MARION AVE. APT. 402D  
PUNTA GORDA, FL 33950**

40100-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4659679**

Applied For  
Not Applicable

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

**ROSE, DOROTHY H  
2692 NE HWY 70  
#631  
ARCADIA, FL 34266**

Name **Rose, Dorothy H.**  
Street Address (P.O. Box Number is Not Acceptable) **25188 Marion Ave, Apt 402D**  
City **Punta Gorda** FL Zip **33950**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **ROSE, DOROTHY H**  
STREET ADDRESS **2692 NE HWY 70, #631**  
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Rose, Dorothy H**  
STREET ADDRESS **25188 Marion Ave, Apt 402D**  
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: **Dorothy H. Rose**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/10/07**  
Date

Daytime Phone #