

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000013672

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** ROSEMONT STREET, LLC

**Current Principal Place of Business:**

709 TROWBRIDGE AVE  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

709 TROWBRIDGE AVE  
FT. WALTON BEACH, FL 32547

**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:**

PITELL, LISA Y  
4400 E HWY 20  
SUITE 202  
NICEVILLE, FL 32578 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:** MGR  
**Name:** COPE, BETTY  
**Address:** 709 TROWBRIDGE AVE  
**City-St-Zip:** FT. WALTON BEACH, FL 32547

**Title:** MGR  
**Name:** COPE, LLOYD  
**Address:** 709 TROWBRIDGE AVE  
**City-St-Zip:** FT. WALTON BEACH, FL 32547

I hereby 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: BETTY COPE

MGR

02/24/2011

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