

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90238 048 \*\*\*138.75

**DOCUMENT # L07000036778**



1. Entity Name  
ROSE OF JERICHO, LLC

Principal Place of Business  
18851 NE 29TH AVENUE, SUITE 900  
AVENTURA, FL 33180

Mailing Address  
18851 NE 29TH AVENUE, SUITE 900  
AVENTURA, FL 33180

**60020703**



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

5901 Sun Blvd.  
Suite, Apt. #, etc.  
# 202

3. Mailing Address

5901 Sun Blvd.  
Suite, Apt. #, etc.  
# 202

03262008 Chg-LLC CR2E083 (12/06)

City & State  
St. Petersburg

City & State  
St. Petersburg, FL

4. FEI Number

Applied For  
☒ Not Applicable

Zip Country  
33715 Pinellas

Zip Country  
33715 Pinellas

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A  
18851 NE 29TH AVENUE, SUITE 900  
ROTH, ROUSSO & KATSMAN, LLP  
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name Miriam Berger  
Street Address (P.O. Box Number is Not Acceptable)  
5901 Sun Blvd, # 202  
City St. Petersburg FL Zip Code 33715

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

*Miriam Berger*

April 2, 2008

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME PADOVAN, DAVID  
STREET ADDRESS 5901 SUN BLVD., SUITE 202  
CITY-ST-ZIP ST. PETERSBURG, FL 33715

TITLE MGR ☐ Delete  
NAME VECCHIONE, ADRIANA  
STREET ADDRESS 5901 SUN BLVD., SUITE 202  
CITY-ST-ZIP ST. PETERSBURG, FL 33715

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*David Padovan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

727-864-1583