## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L07000057814**

1. Entity Name ROSELAND BLOOMS, LLC

**FILED** Mar 10, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

1 GAIL ROAD

SEBASTIAN, FL 32958-3501

Mailing Address

PO BOX 280

ROSELAND, FL 32957-0280



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 14-1999639

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEADLEY, SUSAN J 1 GAIL ROAD SEBASTIAN, FL 32958-3501

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of changions of registered agent. | ging its registered office or registered agent, or both       | n, in the State of Florida. I am familiar with, and accept  |
|--|---|---|---|
| SIGNATURE.                             | Signature, typed or printed name of registered agent and title if applicable          | (NOTE: Registered Agent algoriture required when reinstating) | DATE  |
|  | NOWIII FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                              | **************************************                        |   |
| 9                                      | MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>HEADLEY, SUSAN J<br>1 GAIL ROAD<br>SEBASTIAN, FL 329583501                    |   | 03/26/08-80083-018 138.75   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO  | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN 1  | THIS SPACE  |
| TITLE NAME STREET ADDRESS' GITY-ST-ZIP |   | · · · · · · · · · · · · · · · · · · ·                         | معاملة مدا مدام مستفي المدار ما يتمار المارية المارية المارية المارية المارية المارية المارية المارية |
| NAME PROPERTY                          | 1.1 #442 1 M + 234  |   |   |
| STREET ADDRESS:<br>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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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