

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000066798

Entity Name: ROSEN PHARES, LLC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

310 BLOUNT STREET
TALLAHASSEE, FL 32309

New Principal Place of Business:

310 BLOUNT STREET
#108
TALLAHASSEE, FL 32301

Current Mailing Address:

310 BLOUNT STREET
TALLAHASSEE, FL 32309

New Mailing Address:

PO BOX 15694
TALLAHASSEE, FL 32317

FEI Number: 26-0425397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

ROSEN, PETER S
310 BLOUNT STREET
108
TALLAHASSEE, FL 32301 US

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: PETER S. ROSEN

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHARES, JOSHUA C
Address: 310 BLOUNT STREET
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: ROSEN, PETER S
Address: 310 BLOUNT STREET
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PHARES, JOSHUA C
Address: 310 BLOUNT STREET 108
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM (X) Change () Addition
Name: ROSEN, PETER S
Address: 310 BLOUNT STREET 108
City-St-Zip: TALLAHASSEE, FL 32301

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: PETER S ROSEN

MGRM

02/18/2009

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