

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066798

Entity Name: ROSEN PHARES, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

310 BLOUNT STREET  
#108  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

929 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 15694  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 26-0425397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ROSEN, PETER S  
929 NORTH MONROE STREET  
TALLAHASSEE, FL 32303 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

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PHARES, JOSHUA C  
Address: 929 NORTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: ROSEN, PETER S  
Address: 929 NORTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

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: JOSH PHARES

MGR

04/28/2011

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