

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000006064

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** ROSETTI & ASSOCIATES, LLC

**Current Principal Place of Business:**

3595 FISCAL CT  
W PALM BEACH, FL 33404

**New Principal Place of Business:**

2580 SOUTH OCEAN BOULEVARD  
1C4  
W PALM BEACH, FL 33480

**Current Mailing Address:**

3595 FISCAL CT  
W PALM BEACH, FL 33404

**New Mailing Address:**

2580 SOUTH OCEAN BOULEVARD  
1C4  
W PALM BEACH, FL 33480

FEI Number: 26-1749632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ROSETTI, JOSEPH R  
3595 FISCAL CT  
W PALM BEACH, FL 33404      US

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

ROSETTI, JOSEPH R  
2580 SOUTH OCEAN BOULEVARD  
1C4  
W PALM BEACH, FL 33480      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: JOSEPH R. ROSETTI

10/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: ROSETTI, JOSEPH R  
Address: 2580 SOUTH OCEAN BOULEVARD  
City-St-Zip: PALM BEACH, FL 33480 US

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: JOSEPH R. ROSETTI

MR.

10/16/2009

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