


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L9800000611

ROSEWOOD RETIREMENT ADVISORY SERVICES, L.C.
1813 S. ADAMS STREET
TALLAHASSEE, FL 32301

1a. Principal Place of Business Address

1813 S. ADAMS ST
TALLAHASSEE, FL 32301

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

59-3519945

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

JAMES R. ROBERTS
3143 FERNS GLEN DRIVE
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

JAMES R. ROBERTS


3143 FERNS GLEN DR

TALLAHASSEE, FL 32308

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

 James R. Roberts

7/13/99

412-0276



Rosewood
RETIREMENT ADVISORY SERVICES, L.C.

1813 SOUTH ADAMS STREET TALLAHASSEE, FLORIDA 32301

PHONE. 850.421.0276 / 850.421.0277 / 800.370.4846

(2)

July 13, 1999

Florida Department of State
Division of Corporations
Corporate Records
PO Box 6327
Tallahassee, FL 32312


Dear M. Hodges:

Thank you very much for speaking with me and sending the requested Annual Report form.

Attached is the completed form and filing fee. The form has the firm's new address and telephone number. I regret very much the delay submitting this; the original nor second notice was received. It is possible that our move was a factor. Our records are now marked to ensure that the report will be submitted next May 1st.

Your immediate response to the request is sincerely appreciated.

Sincerely,


J. Rodney Roberts
President