

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

02 NOV 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000000611

Name and Mailing Address

0009419 01 FP 0.352 **PRSR H2 0 0615 32308-430460



ROSEWOOD RETIREMENT ADVISORY SERVICES, L.C.
2160 CAPITAL CIRCLE NE, STE. 110
TALLAHASSEE FL 32308-4304



CR2E084 (8/02)

2. New Mailing Address

2927 KERRY FOREST PARKWAY

City, State, Zip
TALLAHASSEE, FL 32309

Principal Place of Business

2160 CAPITAL CIRCLE NE, STE. 110
TALLAHASSEE FL 32308

3. New Principal Place of Business Address

2927 KERRY FOREST PARKWAY
City, State, Zip
TALLAHASSEE, FL 32309

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/14/1998

6. FEI Number

59-3519945

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

ROBERTS, JAMES R
3143 FERNS GLEN DRIVE
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12 Nov 02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROBERTS, JAMES R	3143 FERNS GLEN DRIVE	TALLAHASSEE FL 32308

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11/20/02--01066--022 **150.00

RECEIVED 2002

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 12 Nov 02 Daytime Phone # 850.556.8764

Typed or printed name of signing Managing Member/Manager