2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000006041

1. Entity Name

ROSIE TRUE, LLC

FILED

01 APR -9 AM 7: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1960 SAN MARCO BOULEVARD JACKSONVILLE FL 32207	1960 SAN MARCO BOULEVARD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-3600680	Applied For Not Applicable
Zip Country	Zip Country	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SPARKS, ANGELA R 1960 SAN MARCO BOULEVARD JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ / _____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

1000040171 41--4
-04/19/01---01018---022
*****50.00   *****50.00

9.	MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPARKS, ANGELA R 1960 SAN MARCO BOULEVARD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I 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 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.

SIGNATURE: _____   4/5/1   904.396.7463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)