

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M07000001320**

1. Entity Name  
**ROSE AUCTION GROUP, LLC**



Principal Place of Business  
**4137 BAY BEACH LANE, #564  
FORT MYERS BEACH, FL 33931**

Mailing Address  
**4137 BAY BEACH LANE, #564  
FORT MYERS BEACH, FL 33931**



02212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1451827**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROSE, BETH  
4137 BAY BEACH LANE, #564  
FORT MYERS BEACH, FL 33931**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Beth Rose*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/8**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000843728  
03/12/08-80007-006 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR President**  
NAME **ROSE, BETH**  
STREET ADDRESS **3430 BRIARFIELD BLVD**  
CITY- ST- ZIP **MAUMEE, OH 43537**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Beth Rose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

**2/25/8 419-534-6223**