5/1

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 20, 2001 8:00 am**
**Secretary of State**
05-16-2001 90390 022 ***155.00

DOCUMENT # P00000059737

1. Entity Name

L.L. ROSSEN & ASSOCS., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3640 Yacht Club Drive #106<br>Aventura, Fl. 33180 | |

- 49187

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3640 Yacht Club Dr | |
| Suite, Apt. #, etc.: 106 | Suite, Apt. #, etc. |
| City & State: Aventura, Fl. | City & State |
| Zip: 33180 Country | Zip Country |

4. FEI Number: 65-101-1643 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| LEON C. ROSSEN #106<br>3640 Yacht Club Dr. #106<br>Aventura, Fl. 33180 | Name: LEON L. ROSSEN<br>Street Address (P.O. Box Number is Not Acceptable): 3640 Yacht Club Dr. #106<br>City: Aventura FL Zip Code: 33180 |

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: [signature] 4-27-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

| 9. MANAGING MEMBERS / MEMBERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Leon L Rossen Pres.<br>3640 Yacht Club Dr #106<br>Aventura, Fl. 33180 | ☐ Delete | N-A | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N-A | ☐ Delete | N-A | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N-A | ☐ Delete | N-A | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N-A | ☐ Delete | N-A | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N-A | ☐ Delete | NA- | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N.A. | ☐ Delete | N.A. | ☐ Change ☐ Addition |

CR2E083 (11/00)

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: [signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE