

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107994

**Entity Name:** DOS ROSAS, LLC

**Current Principal Place of Business:**

550 NORTH REO STREET, SUITE 100  
TAMPA, FL 33609

**Current Mailing Address:**

550 NORTH REO STREET, SUITE 100  
TAMPA, FL 33609 US

**FEI Number:** 27-3750527

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOCHE, DAVID L  
401 E. JACKSON STREET, SUITE 1500  
TAMPA, FL 33602 US

*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GARI, RODOLFO JR  
Address 550 NORTH REO STREET, SUITE 100  
City-State-Zip: TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RODOLFO GARI, JR.

MANAGER

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date