## 2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L1700000092

Entity Name: ROS BUSINESS SOLUTIONS LLC

### **Current Principal Place of Business:**

632 SW 19 RD MIAMI, FL 33129

## **Current Mailing Address:**

632 SW 19 RD MIAMI, AL 33129 US

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

ROS, RAFAEL 632 SW 19 RD MIAMI, FL 33129 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: | RAFAEL ROS |  |
|------------|------------|--|
|            |            |  |

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

| Title           | MANAGER        |  |  |
|-----------------|----------------|--|--|
| Name            | ROS, RAFAEL    |  |  |
| Address         | 632 SW 19 RD   |  |  |
| City-State-Zip: | MIAMI AL 33129 |  |  |

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.

| •      |         |           |   |
|--------|---------|-----------|---|
| SIGNAT | URE: RA | AFAEL ROS | 3 |
|        |         |           |   |

MANAGER

05/01/2018 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 01, 2018 Secretary of State CR1895185927

Certificate of Status Desired: No

05/01/2018

Date