

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000202635

Entity Name: ROSA & CESPEDES LLC

Current Principal Place of Business:

1100 SOUTH FEDERAL HWY SUITE 659
DEERFIELD BEACH, FL 33441

Current Mailing Address:

1100 SOUTH FEDERAL HWY SUITE 659
DEERFIELD BEACH, FL 33441 US

FEI Number: 32-0545358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 SOUTH FEDERAL HWY
DEERFIELD BEACH, FL 33441 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 AMBR
Name REIS, DANIEL C
Address 1100 SOUTH FEDERAL HWY SUITE 659
City-State-Zip: DEERFIELD BEACH FL 33441

Title AMBR
Name DA SILVA, ROSILENE R
Address 1100 SOUTH FEDERAL HWY SUITE 659
City-State-Zip: DEERFIELD BEACH FL 33441

Title AUTHORIZED MEMBER
Name ECHTERNACHT, JOAO LUIS
Address 1100 SOUTH FEDERAL HWY SUITE 659
City-State-Zip: DEERFIELD BEACH FL 33441

Title AUTHORIZED MEMBER
Name DE CASTRO, ROSINEIDE BARBOSA
Address 1100 SOUTH FEDERAL HWY SUITE 659
City-State-Zip: DEERFIELD BEACH FL 33441

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: DANIEL C REIS

AMBR

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date