

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000469

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC7054954002**

**Entity Name:** ROSA DEVELOPMENT GP, INC.

**Current Principal Place of Business:**

850 NE 5TH AVENUE  
BOCA RATON, FL 33432

**Current Mailing Address:**

850 NE 5TH AVENUE  
BOCA RATON, FL 33432 US

**FEI Number:** 41-1818919

**Certificate of Status Desired:** No

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

LEVY, ANDREW  
1875 NW CORPORATE BLVD  
SUITE 100  
BOCA RATON, FL 33431 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

**Officer/Director Detail :**

Title            CVPD  
Name            MUIR, ROBERT C  
Address        850 NE 5TH AVENUE  
City-State-Zip: BOCA RATON FL 33432

Title            VC  
Name            MUIR, ROBIN  
Address        850 NE 5TH AVENUE  
City-State-Zip: BOCA RATON FL 33432

Title            ST  
Name            MUIR, ROBIN  
Address        850 NE 5TH AVENUE  
City-State-Zip: BOCA RATON FL 33432

Title            PD  
Name            MUIR, KRISTIN  
Address        850 NE 5TH AVENUE  
City-State-Zip: BOCA RATON FL 33432

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT MUIR

CVPD

01/13/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date