

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057822

FILED  
Sep 08, 2009  
Secretary of State

Entity Name: ROMAX LLC

**Current Principal Place of Business:**

3256 PICARD LOOP  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

3256 PICARD LOOP  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 20-1449258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

STRAUSS, KENNETH J CPA  
515 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE, FL 33301 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLR, INC.  
Address: 3256 PICARD LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGR ( ) Delete  
Name: D.A.R. CONSULTING GROUP, INC.  
Address: 10295 COLLINS AVE., APT. 319  
City-St-Zip: BAL HARBOR, FL 33154

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KENDAHL MAXWELL

MM

09/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date