2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002722

1. Entity Name
ROMANA'S, L.L.C.

Principal Place of Business	Mailing Address
3620 STINGFELLOW ROAD ST. JAMES CITY FL 33956	% ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS FL 33906-6205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	3620 Stringfellow Rd
Suite, Apt. #, etc.: SAME	Suite, Apt. #, etc.
City & State: SAME	City & State: St. James City FL.
Zip / Country	Zip: 33956 / Country: USA

4. FEI Number: 65-0918175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS FL 33907	Name: Joseph Cassaro Street Address (P.O. Box Number is Not Acceptable): 1818 SE 45th ST City: Cape Coral FL Zip Code: 33904

8. 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: Joseph Cassaro JOSEPH CASSARO 4-26-00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAVRINEV, ROMANA 3646 PAPAYA STREET ST. JAMES CITY FL 33956	☒ Delete	MGR Joseph Cassaro 1818 SE 45th ST Cape Coral FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Joseph Cassaro 1818 SE 45th ST Cape Coral FL 33990	☒ Delete	100003284051---3 -06/12/00--01010--002 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Joseph Cassaro SIGNATURE REQUIRED Joseph Cassaro 4-26-00 941-945-4732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #