

**A000000000112**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12/14/10--01004--002 \*\*10.00

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FILED  
2010 DEC 13 PM 4:01  
TALLAHASSEE, FLORIDA

**C. LEWIS**

*Dec. 14* 2010

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2010

RON G. ROMA  
5100 W. LEMON STREET  
SUITE 311  
TAMPA, FL 33609

SUBJECT: ROMA III, LTD.  
Ref. Number: A00000000112

We have received your document for ROMA III, LTD. and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a limited liability company, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 510A00027888

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROMA III, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A 0000 0000 112

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Julie Roma  
Contact Person

5100 W. Lemon St. Suite 311  
Firm/Company  
Address

Tampa, FL 33609  
City, State and Zip Code

Julie@RomaVentures.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Roma at ( 813 ) 220-1091  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Roma III, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/14/2000 3. A 0000 0000 112  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Julie I. Roma  
Name  
27625 Waterford Way  
Address  
Wesley Chapel, FL 33544  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Julie I. Roma  
Name  
5100 W. Lemon St. Suite 311  
Florida street address (P.O. Box not acceptable)  
Tampa FL 33609  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Julie I. Roma  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Julie I. Roma  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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2010 DEC 13 PM 2:01  
TALLAHASSEE, FLORIDA