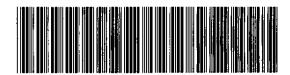
A00000000112

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000187732830

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

11/29/10--01030--003 **25.00

2010 DEC 13 PM 28: 81

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 OOOO OOO 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
Address Tampa FL 33609 City, State and Zip Code
City, State and Zip Code Olio Roma Ventures. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julie Roma at (8/3) 220-1091 Name of Contact Person Area Code and Daytime Telephone Number
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, Flori partnership or limited liability limited partnership su change its registered office or registered agent, or bo	ibmits the following statement in order to		
1. Roma III., LT Name of Limited Partnership or Limite	D		
	ed Liability Limited Partnership		
2. 1/14/2000 Date of filing/registration in Florida	3. A coco coco 11 2 Florida document number		
4. The name of the registered agent and the registered of			
Department of State:			
Julie I. R Name 27625 Water Address Wesley Chap City, State ar	Coma		
Name			
27625 Water	2-turd WAY		
Address	5 1 7 2251111		
Wesley Chap	4, FC 33549		
City, State ar	id Zip		
City, State and Zip 5. The name and Florida street address of the new registered agent and/or office:			
Julie I. R	ered agent and/or office: Lon St. Suite 311 Box not acceptable)		
Name	r m		
5100 W. Len	on St. Suite 311 E. D		
Name Stow W. Lemon St. Suite 311 Florida street address (P.O. Box not acceptable)			
Tampa FL	FL 33609		
City, State ar	nd Zip		
6. Such change(s) is/are effective when filed by the Florie	da Department of State.		
Coi. Sha	•		
Signature of General Partner			
I hereby accept the appointment as registered agent and a	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 an accept the obligations of my position as registered agent.			
- 1: Sha			
Signature of Registered Agent			
	·		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50