

A96 000002418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

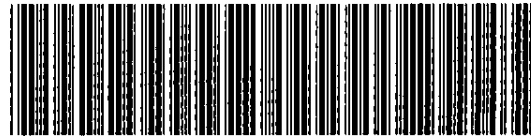
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DEC 23 2010

EXAMINER



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11/23/10--01030--001 **25.00

12/23/10--01003--003 **10.00

FILED
10 DEC 23 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

707

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROMA I, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 96 00000 2418

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:

RON G. ROMA

Contact Person

Firm/Company

5100 W. Lemon St, Ste 311

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 Rome

Name of Contact Person

at (813) 220-1091

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 I, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/23/1996 3. A 9600000 2418
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:

Ron G. 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:

RON G. ROMA
Name
5100 W. Lemon St, Ste 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.

Ron G. 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.

Ron G. Roma
Signature of Registered Agent

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

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