

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001517

1. Entity Name

ROMERO ELLIOTT HOLDINGS, LLC

FILED

01 JAN 16 PM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2571 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327-2167

Mailing Address

2571 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327-2167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Jeff G. Romero

Street Address (P.O. Box Number is Not Acceptable)

2571 Crawfordville Hwy.

City

Crawfordville

FL

Zip Code

32327

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 Jeff G. Romero

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

member
NAME Jeff Romero ☐ Change ☒ Addition
STREET ADDRESS 3720 Coastal Hwy.
CITY-ST-ZIP Crawfordville, FL 32327

member
NAME Laura Elliott ☐ Change ☒ Addition
STREET ADDRESS 3720 Coastal Hwy.
CITY-ST-ZIP Crawfordville, FL 32327

400003573494-2
-01/24/01--01087--005
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Laura A. Elliott per 1/11/01 8509267153

Date

Daytime Phone #

CR2E083 (11/00)