

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007890

1. Entity Name
ROMAIN MOTIER, LLC



Principal Place of Business
82 SIXTH ST.
APALACHICOLA, FL 32320

Mailing Address
P.O. BOX 250
APALACHICOLA, FL 32320

BK

FILED
07 APR 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3718995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUCIMETIERE-MONOD, OLIVIER
82 SIXTH ST.
APALACHICOLA, FL 32320

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUCIMETIERE-MONOD, OLIVIER
82 SIXTH ST.
APALACHICOLA, FL 32320

TITLE
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CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

OLIVIER DUCIMETIERE-MONOD

4/16/7

Date

850.849.7999

Daytime Phone #