


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90264 001 ****50.00

DOCUMENT # L02000010907 1. Entity Name KING ROMAIN LLC					
Principal Place of Business 5860 S.W. 86 STREET MIAMI, FL 33143			Mailing Address 199 OCEAN LANE DRIVE, SUITE 1114 KEY BISCAYNE, FL 33149		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5860 SW 86th St Suite, Apt. #, etc. City & State Miami, FL 33143 Zip Country			
6. Name and Address of Current Registered Agent DESVIGNE, DIDIER 199 OCEAN LANE DRIVE SUITE 1114 KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5860 SW 86th St City State Zip Code Miami, FL 33143		
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESVIGNE, DIDIER 199 OCEAN LANE DRIVE, SUITE 1114 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	5860 SW 86th St Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Didier Desvigne</i> <i>03/14/06</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0450243

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required