2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010907

0012972

1. Entity Name

KING ROMAIN LLC

Principal Place of Business	Mailing Address
199 OCEAN LANE DRIVE SUITE 1114 KEY BISCAYNE FL 33149	199 OCEAN LANE DRIVE SUITE 1114 KEY BISCAYNE FL 33149

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 5860 SW 86 STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State: MIAMI FL

City & State

4. FEI Number — Applied For / Not Applicable

Zip: 33143   Country: USA

Zip   Country

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

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)

City   FL   Zip Code

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)

300023959263
11/21/03--01084-DATU6 **150.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

CR2E083 (4/03)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE **MGR** NAME **DESVIGNE, DIDIER** STREET ADDRESS **199 OCEAN LANE DRIVE** CITY-ST-ZIP **KEY BISCAYNE FL 33149**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 300023959286 10/21/03--01011--012 **50.00 STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2003

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   Date   Daytime Phone #