

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90014 016 ****50.00

DOCUMENT # L03000009382

1. Entity Name
ROMER, LLC



Principal Place of Business
**175 OCEAN PINES TERRACE
JUPITER, FL 33477 US**

Mailing Address
**175 OCEAN PINES TERRACE
JUPITER, FL 33477 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
55-0830007

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMER, RUTH J
175 OCEAN PINES TERRACE
JUPITER, FL 33477**

Name **Romer, Ruth**
Street Address (P.O. Box Number is Not Acceptable)
175 Ocean Pines Terrace
City **Jupiter** FL Zip Code **33477-9672**

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 **Ruth Romer**

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

(NOTE: Registered Agent signature required when reinstating)

3/14/06

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 **MGR** ☐ Delete
NAME **ROMER, RUTH**
STREET ADDRESS **175 OCEAN PINES TERRACE**
CITY - ST - ZIP **JUPITER, FL 33477**

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

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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: **Ruth Romer**

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

3/14/06 (561)743-6478

Date

Daytime Phone #