


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90125 049 ****55.00

DOCUMENT # L03000021570	
1. Entity Name ROMANELLO & ASSOCIATES, LLC	

Principal Place of Business 1178 NORTH UNIVERSITY DR. PLANTATION, FL 33322	Mailing Address 1178 NORTH UNIVERSITY DR. PLANTATION, FL 33322
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24063402

2. Principal Place of Business N/A	3. Mailing Address N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0043648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ROMANELLO, NICHOLAS W 633 WOUTH FEDERAL HWY FT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name NICHOLAS W. ROMANELLO, ESP Street Address (P.O. Box Number is Not Acceptable) ME TRO CENTER I 2891 CENTER POINTE DRIVE, SUITE 305 City Fort MYERS FL Zip Code 33916
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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 *Nicholas W. Romanello*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **APRIL 26, 2004**

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMANELLO, NICHOLAS W 1178 NORTH UNIVERSITY DR. PLANTATION, FL 33322 <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	MGR ROMANELLO, DAMON 1178 NORTH UNIVERSITY DR. PLANTATION, FL 33322 <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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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: *Nicholas W. Romanello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **APRIL 26, 2004**

DAYTIME PHONE # **239-246-2612**