

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Jun 15, 2005 8:00 am
Secretary of State

05-02-2005 90084 038 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000012171					
1. Entity Name ROMA SALON, LLC					
Principal Place of Business 1 S. ORLANDO AVE COCOA BEACH FL 32931			Mailing Address 1 S. ORLANDO AVE COCOA BEACH FL 32931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0806358	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVE MELBOURNE FL 32901			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANO, BARBARA		NAME	Hughes, Vicki	
STREET ADDRESS	1 S. ORLANDO AVE		STREET ADDRESS	805 N. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PARKER, Traci	
STREET ADDRESS			STREET ADDRESS	805 N. ATLANTIC AVE	
CITY-ST-ZIP			CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Traci Parker</u> <u>Traci Parker</u> <u>4/27/05</u> <u>321-799-0580</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					