

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017905

1. Entity Name  
ROMO INVESTMENT PROPERTIES, LLC



Principal Place of Business  
841 EAST 18TH ST.  
HIALEAH, FL 33013

Mailing Address  
13300 NW 42 AVE  
OPA-LOCKA, FL 33054

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3810020

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GOLDEN, RICHARD A  
12000 BISCAYNE BLVD, STE 500  
NORTH MIAMI, FL 33181

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROMO, ELOY  
841 EAST 18TH ST.  
HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ROMO, MERCEDES  
841 EAST 18TH ST.  
HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ROMO, JENNIFER  
841 EAST 18TH ST.  
HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000956941  
08/04/08-80002-021 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*

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

Date

Daytime Phone #

7-17-08

281-515-5593