2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044122

1. Entity Name

PETERSON ROMMEL, L.L.C.

Principal Place of Business	Mailing Address
8944 130TH AVE NO. UNIT J LARGO FL 33773	8944 130TH AVE NO. UNIT J LARGO FL 33773

1st MOORE CR2E083 (10/05)

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 54-2157274 ☐ Applied F ☐ Not Appli

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

6. Name and Address of Current Registered Agent

BROWDER, DAVID JR ESQ
305 S DUNCAN AVE
CLEARWATER FL 33755

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 ac 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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐
NAME	PETERSON, JOHN		NAME	U00000410728	
STREET ADDRESS	PO BOX 6803, 315 RIDGE RD		STREET ADDRESS	02/03/06-80048-022 50.00	
CITY-ST-ZIP	OZONA FL 33660		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐
NAME	ROMMEL, JOE		NAME		
STREET ADDRESS	1389 WILLIAMS CT		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
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TITLE		☐ Delete	TITLE		☐ Change
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 exemptions contained in Section 119, Florida Statutes. I further certify that the inf 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 mana limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John Peterson MGRM 1/26/06 727-586-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #