

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90107 015 ****50.00

DOCUMENT # L04000064497

1. Entity Name
ROM & REP, LLC



Principal Place of Business
**1222 VISCAYA PARKWAY
CAPE CORAL, FL 33990**

Mailing Address
**1222 VISCAYA PARKWAY
CAPE CORAL, FL 33990**

2. Principal Place of Business
4325 NW 27th LN

3. Mailing Address
4325 NW 27th LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL.

City & State
Cape Coral FL

Zip
33993

Country
LEE

Zip
33993

Country
LEE

07052005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JURSINSKI, KEVIN F ESQ
7800 UNIVERSITY POINTE DRIV
SUITE 200
FT. MYERS, FL 33907**

Name
Gregory REPERT

Street Address (R.D. Box Number is Not Acceptable)

4325 NW 27th LN

City
CAPE CORAL

FL

Zip Code
33993

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

Gregory Repert *mcgm* *8-1-05*

Signature, typed or printed name of registered agent, and date of filing.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MBRM
NAME
Gregory Repert
STREET ADDRESS
4325 NW 27th LN
CITY-ST-ZIP
Cape Coral FL 33993

☐ Delete

TITLE
MBR
NAME
CHARLES ROMANO
STREET ADDRESS
524 Mill Rd
CITY-ST-ZIP
Hotfield Pa 19440

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Gregory Repert *mcgm* *8-1-05*

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

Date

Daytime Phone #

239-691-2705