


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90146 045 ***138.75

DOCUMENT # L05000042569	
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1. Entity Name
ROMAN LLC

Principal Place of Business

750 N. TAMIAMI TRAIL
309
SARASOTA, FL 34236 US

Mailing Address

750 N TAMIAMI TRAIL
309
SARASOTA, FL 34236 US

2. Principal Place of Business - No P.O. Box #

1140 JUNONIA ST

Suite, Apt. #, etc.

3. Mailing Address

1140 JUNONIA ST

Suite, Apt. #, etc.

03052008 Chg-LLC CR2E083 (12/06)

60015718



City & State

SANIBEL, FL

Zip 33957

Country USA

City & State

SANIBEL FL

Zip 33957

Country USA

4. FEI Number

81-0670390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADELSON, NESSA
750 N TAMIAMI TRAIL
309
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1140 JUNONIA ST

City

SARASOTA

FL

Zip Code

33957

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
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BERMAN, RITA	
STREET ADDRESS	6631 COPPER RIDGE TRAIL	
CITY-ST-ZIP	BRADENTON, FL 34201	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ADELSON, NESSA	
STREET ADDRESS	750 N TAMIAMI TRAIL, #309	
CITY-ST-ZIP	SARASOTA, FL 34236	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELSON, NESSA	
STREET ADDRESS	1140 JUNONIA ST	
CITY-ST-ZIP	SARASOTA, FL 33957	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Nessa Adelson

3/6/08

941
730 2400

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

Date

Daytime Phone #