## L05000076636

/Pag	wastor's Name		
(Red	uestor's Name)		
•			
(Add	lress)		
(Add	lress)		
(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nan	ne)	
·	·	•	
(Doc	ument Number)		
(555			
Cartified Conics	Cortificator	of Status	
Certified Copies Certificates of Status			
Special Instructions to F	iling Officer:		

Office Use Only



500104453985

06/18/07--01016--021

\*\*250.00

07 JUN 18 AM 11:06

SECRETARY OF STATE
DIVISION OF CORPORATIONS



	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: ROMMAC HOLDINGS	S, LLC  f Limited Liability Company)
(Name of	Diffico Diagnity Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
R.J. HAUGHEY, II (Name of Person)	97 P. S.
SIVYER BARLOW & WATSON (Firm/Company)	OF JUN 18 AM 11: 06
100 S ASHLEY DR. SUITE 2150 (Address)	AM II: 06
TAMPA, FL. 33602 (City/State and Zip Code)	
For further information concerning this mat	tter, please call:
R.J. HAUGHEY, II (Name of Person)	at (813 ) 221-4242  (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followi	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited l	liability company is:	ROMMAC HOLDINGS, LLC			·
2 The mailing address of th	ne limited liability con	mpany is : 325 E ROBERTS	ON ST		
		<u> </u>			
BRANDON FL 33511					
08/02/2005		L05000076636			
3. Date of filing/registration	n in Florida	4. Document nur	nber		
Florida Department of Sta		ered office address as shown	on the records	of the	;
		Name			
· <u>1</u>	00 S ASHLEY DF				
_		Address			
1	AMPA, FL 33602	State and Zip			
	•	-		_	0
6. The name and address of the new registered agent and/or office:				07	35 35 35
R.J. HAUGHEY, II				07 JUN 18	
Name				=	유물그
401 E JACKSON ST SUITE 2225					82,5
]	Florida street address	(P.O. Box NOT acceptable)			25.00 25.00
T.	AMPA	FL 33602		AH 11: 06	
<del></del>	City, St	tate and Zip	<del></del>	2	SNO
confirmed that after the char and the business office of the liability company, it is herely of the members of the limits of the operating agreement of the operation of a member or authorized (Printed or typed name of signee)	nge or changes are made registered agent will by confirmed that the ed liability company of the limited hability drepresentative of a member of a memb	<del></del>	of the register of a Florida ling ed by an affirm e articles of or	ed off mited ative ganiza	vote ation
I hereby accept the appoint comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the (Signature of Rogistered Agent)	ment as registered as of all statutes relative accept the obligations document is being for the limited liability	gent and agree to act in this conting the proper and complete part of my position as registered illed to merely reflect a chang reompany has been notified in	ipacity. I furth erformance of agent as provic in the registe n writing of thi	er ag my di ded fo red of s cha	ree to uties, yr in fice nge.
Division		D. Box 6327, Tallahassee, FI	32314		
	FILING	G FEE: \$25.00			