


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-29-2008 90048 049 \*\*\*138.75

<b>DOCUMENT # L05000094478</b>		
1. Entity Name <b>FIDELMAR ROMERO, LLC</b>		
Principal Place of Business <b>629 9TH STREET SHALIMAR, FL 32579</b>		Mailing Address <b>629 9TH STREET SHALIMAR, FL 32579</b>
2. Principal Place of Business - No P.O. Box # <b>927 CARLOS DR.</b>		3. Mailing Address <b>927 CARLOS DR.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>FORT WALTON BEACH, FL</b>		City & State <b>FORT WALTON BEACH, FL</b>
Zip <b>32547</b>	Country	Zip <b>32547</b>
Country		Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>ROMERO, FIDELMAR</b> <b>629 9TH STREET</b> <b>SHALIMAR, FL 32579</b>		Name <b>FIDELMAR ROMERO</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>927 CARLOS DR</b>
		City <b>FORT WALTON BEACH</b>
		FL
		Zip Code <b>32547</b>
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 <i>Fidelmar Romero Carranza</i>		

08262008 Chg-LLC CR2E083 (12/06)



4. FEI Number  
**20-3543926**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**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.

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>ROMERO, FIDELMAR</b>	TITLE <b>MGR</b>	NAME <b>ROMERO, FIDELMAR</b>
STREET ADDRESS <b>629 9TH ST</b>	CITY-ST-ZIP <b>SHALIMAR, FL 32579</b>	STREET ADDRESS <b>927 CARLOS DR</b>	CITY-ST-ZIP <b>FORT WALTON BEACH, FL 32547</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *Fidelmar Romero Carranza MGR MGR.* 8-26-07 (678) 520-3637

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