

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 13 PM 3:02

**DOCUMENT #**

L060000017865

1. Limited Liability Company's Name

Romans Roadside Assistance LLC

200144617332  
02/27/09--01034--006 \*\*238.75  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

4104 Westminster Dr

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34241

Country

USA

3. Mailing Office Address

8466 Lockwood Ridge Rd

Suite, Apt. #, etc.

251

City & State

Sarasota FL

Zip

34243

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified

To Do Business in Florida Feb 16, 2006

6. FEI Number

20-4328882

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Ron Edmondson

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

7054 74th Ave Circle E

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

2.25.09

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Ron Edmonson MGRM	7054 74th Ave Circle E	Bradenton, FL 34203

200144617332  
03/17/09--01001--002 \*\*277.50

REINSTATEMENT 2007-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date

2.25.09

Daytime Phone #

941.993.9975

Typed or printed name of signing Managing Member/Manager

RON EDMONDSON

MGRM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 MAR 13 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 4, 2009

ROMANS ROADSIDE ASSISTANCE, LLC  
8466 LOCKWOOD RIDGE RD  
# 251  
SARASOTA, FL 34243

SUBJECT: ROMANS ROADSIDE ASSISTANCE, LLC  
Ref. Number: L06000017865

We have received your document for ROMANS ROADSIDE ASSISTANCE, LLC and check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$277.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 609A00007495