


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 023 ****55.00

DOCUMENT # L06000030878	
1. Entity Name RO-MO SERVICES, LLC	

Principal Place of Business 222 TRAILVIEW WAY POLK CITY, FL 33868 US	Mailing Address 222 TRAILVIEW WAY POLK CITY, FL 33868 US
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2. Principal Place of Business - No P.O. Box # 448 CYPRESS GARDENS BLVD	3. Mailing Address 222 Trailview way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Haven	City & State POLK CITY
Zip 33880	Zip 33868
Country US	Country US



03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 204571635	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required
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6. Name and Address of Current Registered Agent ROSADO, JOSE 222 TRAILVIEW WAY POLK CITY, FL 33868	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSADO, JOSE 222 TRAILVIEW WAY POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **13 MAY 07** (863) 295-9285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #