

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072307

Entity Name: ROAN ENTERPRISES, LLC

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

953 MERCY DR
H
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

953 MERCY DR
H
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 20-5582869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERS, ROMA
569 BELLHAVEN FALLS DR
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETERS, ROMA
Address: 569 BELLHAVEN FALLS DR
City-St-Zip: OCOE, FL 34761 US

Title: MGRM () Delete
Name: PETERS, ANTHONY
Address: 569 BELLHAVEN FALLS DR
City-St-Zip: OCOE, FL 34761 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROMA PETERS

MGR

06/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date