2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State
01-07-2008 90047 039 ***138.75

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01032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000012113

1. Entity Name
ROMANCE JEWELERS LLC

Principal Place of Business	Mailing Address
1123 62ND AVE. NORTH SAINT PETERSBURG, FL 33702	1123 62ND AVE. NORTH SAINT PETERSBURG, FL 33702

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1123 62ND AVE. NORTH	1123 62ND AVE. NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAINT PETERSBURG FL.	City & State: SAINT PETERSBURG FL.
Zip: 33702 Country: PINELLAS	Zip: 33702 Country: PINELLAS

4. FEI Number 20-8395094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMP, ROGER S 1123 62ND AVE. NORTH SAINT PETERSBURG, FL 33702	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMP, ROGER S 1123 62ND AVE. NORTH SAINT PETERSBURG, FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1/4/08 727 527 5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #