


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90266 038 \*\*\*138.75

30003760



<b>DOCUMENT # L07000074394</b>			
1. Entity Name <b>ROMA WOODWORKING, LLC.</b>			
Principal Place of Business <b>3105 WILDERNESS BLVD W PARRISH, FL 34219</b>		Mailing Address <b>3105 WILDERNESS BLVD W PARRISH, FL 34219</b>	
2. Principal Place of Business - No P.O. Box # <b>7010 28th ST COURT EAST</b>		3. Mailing Address <b>7010 28th ST COURT EAST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>	
Zip <b>34243</b>		Zip <b>34243</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>26-0598830</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SUSMANN, KARL W 3105 WILDERNESS BLVD W PARRISH, FL 34219</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUSMANN, KARL W 3105 WILDERNESS BLVD W PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SALES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOMMA, ENRICO 6283 BUCKINGHAM ST SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	INSTALL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER SUSMANN, LORI R. 3105 WILDERNESS BLVD W PARRISH FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER SOMMA SILVANA 6283 BUCKINGHAM ST. SARASOTA FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 606, Florida Statutes.			
SIGNATURE: <u>SILVANA SOMMA</u>		Date: <u>4/8/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	