## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000074394

Entity Name: ROMA WOODWORKING, LLC.

6283 BUCKINGHAM ST

SARASOTA, FL 34238

Address:

City-St-Zip:

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7010 28TH ST CRT E SARASOTA, FL 34243			7010 28TH ST COURT EAST SARASOTA, FL 34243		
Current Mailing Address:			New Mailing Address:		
7010 28TH ST CRT E SARASOTA, FL 34243			7010 28TH ST COURT EAST SARASOTA, FL 34243		
FEI Number:	26-0598830	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
3105 WILE	N, KARL W DERNESS BLV FL 34219	DW US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM ( ) SUSMANN, KAI 3105 WILDERN PARRISH, FL (	IESS BLVD W	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) SOMMA, ENRIG 6283 BUCKING SARASOTA, FL	HAM ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) SUSMANN, LOI 3105 WILDERN PARRISH, FL (	IESS BLVD W	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	MGR ()	Delete NA	Title: Name	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SILVANA SOMMA MRS 02/02/2009