2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L08000015801

Entity Name: ROOM SERVICE TECHNOLOGIES LLC

Current Principal Place of Business:

16320 BONNEVILLE DR.
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

16320 BONNEVILLE DR.
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 26-1950040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONLEY, MARILYN A
16320 BONNEVILLE DR
TAMPA, FL 33624 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:	CONLEY, GARY T	
Address:	16320 BONNEVILLE DR	
City-St-Zip:	TAMPA, FL 33624 US	
Title:	MGRM	( ) Delete
Name:	SCHIRG, GLENN R	
Address:	952 SKYE VIEW DR	
City-St-Zip:	GALLATIN, TN 37066 US	
Title:	MGRM	( ) Delete
Name:	NODEN, DONNA B	
Address:	108 POSADA CT.	
City-St-Zip:	SAN RAMON, CA 94583 US	
Title:	MGRM	( ) Delete
Name:	BURNS, JOANN	
Address:	18 HIDDEN TRAIL	
City-St-Zip:	LANCASTER, NY 14086 US	
Title:	MGR	( ) Delete
Name:	MILKS, SALLY	
Address:	10015 ODELL PL	
City-St-Zip:	CONCORD, NC 28027 US	
Title:	MGR	( ) Delete
Name:	KELL, MICHAEL	
Address:	1023 TUSCANY DR	
City-St-Zip:	TRINITY, FL 34655 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GARY CONLEY MGRM 03/24/2009

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