

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015801

FILED
Mar 01, 2010
Secretary of State

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
Name: CONLEY, GARY T
Address: 16320 BONNEVILLE DR
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM
Name: SCHIRG, GLENN R
Address: 952 SKYE VIEW DR
City-St-Zip: GALLATIN, TN 37066 US

Title: MGRM
Name: NODEN, DONNA B
Address: 108 POSADA CT.
City-St-Zip: SAN RAMON, CA 94583 US

Title: MGRM
Name: BURNS, JOANN
Address: 18 HIDDEN TRAIL
City-St-Zip: LANCASTER, NY 14086 US

Title: MGR
Name: MILKS, SALLY
Address: 10015 ODELL PL
City-St-Zip: CONCORD, NC 28027 US

Title: MGR
Name: KELL, MICHAEL
Address: 1023 TUSCANY DR
City-St-Zip: TRINITY, FL 34655 US

I hereby 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

PRES

03/01/2010

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