

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036075

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** ROMA ITALIAN RESTAURANT OF OCALA LLC

**Current Principal Place of Business:**

2775 N.W. 49TH AVE., STE 201  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

2775 N.W. 49TH AVE., STE 201  
OCALA, FL 34482

**New Mailing Address:**

**FEI Number:** 27-2266938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DERENZO, DEAN  
6500 NW HWY 225 A  
OCALA, FL 34482 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:** MGR  
**Name:** DELGIUDICE, KRISTINE R  
**Address:** 5364 SW 89TH STREET  
**City-St-Zip:** OCALA, FL 34476

**Title:** MGRM  
**Name:** DERENZO, DEAN  
**Address:** 6500 N.W. HWY 225 A  
**City-St-Zip:** OCALA, FL 34482

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: DEAN DERENZO

MGRM

04/28/2012

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