

LP000210854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

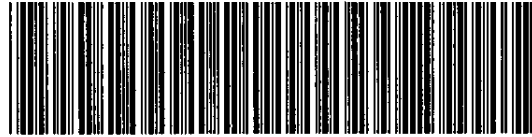
(Business Entity Name)

(Document Number)

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MAR 03 2017

S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR -2 PM 1:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roma Entertainment LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rochelle Frederick

Name of Person

Firm/Company

7801 Kismet St

Address

Miramar Fl 33023

City/State and Zip Code

rochellemf@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle Frederick

at (954)

655-4301

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a) 7801 Kismet St Miramar Fl 33023

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida

5. (a) Rochelle Frederick

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Miramar, FL 33023

(b) Timothy Davis

6710 NW 45th way

NEW Registered Office Address:

Coconut Creek Fl 33073

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Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00