


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90360 016 ****50.00

DOCUMENT # L97000000905 1. Entity Name ROMALINDO, L.C.					
Principal Place of Business 4297 RIVER CHASE DR TALLAHASSEE, FL 32309			Mailing Address 4297 RIVER CHASE DR TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 325, N. CALHOUN ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TALLAHASSEE, FL		4. FEI Number 59-3479253	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
32301		USA		03072007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LYONS, DOUGLAS S 325 N CALHOUN STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAMES, LINDA 4297 RIVER CHASE DR TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/4/07 850-877-7121 Date Daytime Phone #		