T. S. C.

DOCUMENT # 1. Entity Name

ROMANA'S, L.L.C.

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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May	22,	20	02	8:00	am
Sec	retá	ry	of	State	2

Daytime Phone #

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33956 USA 33907 USA 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Name Robert D. Royston Tr.								
Suite Applied For New Brittany Blyd. Suite Applied For New Brittany Blyd. Suite Applied For New Brittany Blyd. Suite 101 Crys State St. James City, PI. Port Myers, FL 26 Suite 101 County Suite 101 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Suite 101 Cry Suite 101 Cry Suite 101 Cry Suite 101 Cry For Republic In the State of Current Registered Agent Name Robert D. Royston, Jr. Suite 101 Cry For Republic In the State of For New Brittany Blyd. Suite 101 Cry For Republic In the State of For New Brittany Blyd. Suite 101 Cry For Republic In the State of For New Brittany Blyd. Suite 101 Suite 101 Cry For Republic In the State of For New Brittany Blyd. Suite 101 Suite 101 Cry For L Myers FE Is \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. Manager Vladimir Handl 3662 Papaya Street St. James City, PL 33956 Cry 5-7P Suite 102 Suite 103 Make Check Payable to Department of State DUE BY MAY 1 9. Manager Vladimir Handl 3662 Papaya Street St. James City, PL 33956 This Medical County State County Stat		DO NOT WRITE		\$ 6 6 9 4 9				
Size Apt F. We Brittany Blvd. DO NOT WRITE IN THIS SPACE	2. Principal	Place of Business	3. Mailing Address	<u> </u>				
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City & State St. James City, PL St. County 33956 DO NOT WRITE IN THIS SPACE Name and Address of County State Address PLO. Box Number & No. 10 Address of County State Address PLO. Box Number & No. 12670. New Brittany Blvd. Since Address Plo. Box Number & No. 12670. New Brittany Blvd. Since Address Plo. Box Number & No. 12670. New Brittany Blvd. Since Address Plo. Box Number & No. 12670. New Brittany Blvd. Since Address Plo. Box Number & No. 12670. New Brittany Blvd. Since Address Plo. Box Number & No. 12670. Number & No. 12670. Number & No. 12670. Number & No. 12670.	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE OUT UP CO		
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33956 USA 33907 USA 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE					6509181	75	Not Applicable	
DO NOT WRITE IN THIS SPACE Street Address (P.O. 30x Number is Not Acceptable) Suite 101	3395	22056				5. Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE Street Acidence 20.0 Box Number is Next Acceptable 1.2670 - New Brittany Blvd Suite 101	San Andrews	المراجع والمتعادر والمتعادر المتعادر ال		Namo	7. Name and Addres	ss of Current Registerer	J Agent	
IN THIS SPACE 12670 New Brittany Blvd Suite 101		DO NOT W	RITE	L R	obert D. Roys	ston. Jr.		
Suite 101 City Fort Myers FL Zip Code 3339077 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. SIGNATURE Supriser, typel or presed name of registered agent agent earlier applicable DATE				Street Addres	ss (P.O. Box Number is N	ot Acceptable)		
Suite 101 To y Fort Myers FL Vap Code 333907 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. SIGNATURE Signature Private of registered agent or both in the State of Floride.		IN THIS SP	'ACE	 	2670 New Bri t	tany Blvd.		
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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. SIGNATURE Signature Signat		~				EI	Zip Code	
SIGNATURE Signature Typed or printed name of registered agent and tool application.	8. The above	named entity submits this statement for	the nurpose of changing	and its registered office as series	<u>ort Myers</u>		33907	
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Make Check Payable to Department of State DUE BY MAY 1 9.	···			CEE 10 Ame as		DATE		
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In fereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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SIGNATURE: home	Cluthovised representative
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE	CINIC MENDED MINISTER MENDED M