

L99000002722

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # L99000002722

1. Entity Name

ROMANA'S, LLC

REINSTATEMENT

2003



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 PM 1:32

12/11

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3620 Stringfellow Road

3. Mailing Address
3620 Stringfellow Road

Suite, Apt. #, etc.
St. James City, FL

Suite, Apt. #, etc.
St. James City, FL

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip
33956

Country
USA

Zip
33956

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name James E. Moore III

Street Address (P.O. Box Number is Not Acceptable)

Moore and Waksler, P.L.

1107 W. Marion Avenue, Suite 112

City Punta Gorda

FL

Zip Code 33950

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

12/09/03

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Joseph R. Salemi
155 Timber Ridge Lane
Barrington, IL 60010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500025423195

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11. I hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOSEPH R. SALEMI

12/10/2003

847-304-9865

CR2E083B (12/02)