

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005607

1. Entity Name

ROM-INTERNATIONAL, L.L.C.



**FILED**

03 - MAR 12 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10832 NW 65TH WAY

3. Mailing Address  
504 TURKEY CREEK

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ALACHUA, FL

City & State  
ALACHUA, FL

4. FEI Number 650952148

Applied For  
Not Applicable

Zip  
32615

Country  
USA

Zip  
32615

Country  
USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name JENNIFER C. FINCH

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

10832 NW 65TH WAY

City ALACHUA

FL

Zip Code  
32615

**DO NOT WRITE  
IN THIS SPACE**

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

JENNIFER C. FINCH

01/04 /03

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR, INTERVAL FINANCIAL SERVICES, L.C. 12403 NACOGDOCHES, SUITE 110 SAN ANTONIO, TX 78217
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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: NORMAN CARPENTER, REP , 1/9/03 210-599-7926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)