

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000810

**Entity Name:** ROMA RANCH, LLC

**Current Principal Place of Business:**

105 GATOR BLVD  
BELLE GLADE, FL 33430

**Current Mailing Address:**

PO BOX 454  
BELLE GLADE, FL 33430

**FEI Number:** 20-2089010

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUBOIS, SILVIA R  
105 GATOR BLVD  
BELLE GLADE, FL 33430 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name RODRIGUEZ, FRANCISCO  
Address 105 GATOR BLVD.  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name RODRIGUEZ, ROBERTO  
Address 105 GATOR BLVD  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name DUBOIS, SILVIA R  
Address P.O. BOX 427  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name RODRIGUEZ, ADRIAN  
Address P.O. BOX 454  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name RODRIGUEZ, PABLO  
Address P.O. BOX 427  
City-State-Zip: BELLE GLADE FL 33430

Title MGR  
Name RODRIGUEZ, CARLOS  
Address P.O. BOX 427  
City-State-Zip: BELLE GLADE FL 33430

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SILVIA R DUBOIS

**MANAGER**

**02/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date