PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 MAR 27 P 2:05
TALLAHASSEE, FLORIDA

DOCUMENT # L06000114885

1. Limited Liability Company's Name

Royalty Properties, LLC

(name being simultaneously changed to: Royalty Properties, LLC of Florida)
(name change Amendment form and fees submitted herewith)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18 E. Dundee Rd.	18 E. Dundee Rd.
Suite, Apt. #, etc: Bldg. 3-204	Suite, Apt. #, etc: Bldg. 3-204
City & State: Barrington, Illinois	City & State: Barrington, Illinois
Zip: 60010 Country: USA	Zip: 60010 Country: USA

4. State/Country of Formation: Illinois / USA

5. Date Organized or Qualified To Do Business in Florida: 11/30/2006

6. FEI Number: 20-8116256 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

08/27/19--01006--011 **37.50
500327883815
03/27/19--01006--015 **937.50

CR2E041 (1/14)

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

Name: Meryl Squires-Cannon

Street Address (P.O. Box Number is Not Acceptable) Suite.: 2552 Appaloosa Trail

Apt. #, Etc:

City: Wellington | State: FL | Zip Code: 33414

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 3/26/2019
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Meryl Squires-Cannon	18 E. Dundee Rd., Bldg. 3-204	Barrington, IL 60010
MGR	Richard Kirk Cannon	117 S. Cook St., #361	Barrington, IL 60010

11. E-mail Address: merylsquires@merixcorp.com and rkcannon@cannoniplaw.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 3/26/2019 Daytime Phone #: (847)727-9392