SIGNATURE: MARIA J DE CAIRES DE PITA

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

<u>2023</u>	FLORIDA I	<u>IMITED LIAB</u>	ILITY COMPAN	IY ANNUAL	<u>REPORT</u>

DOCUMENT# L18000244198

Entity Name: ROYAL GRAND 117, LLC

Current Principal Place of Business:

2600 S UNIVERSITY DR., 117 DAVIE, FL 33328

Current Mailing Address:

2600 S UNIVERSITY DR., 117 DAVIE, FL 33328 US

FEI Number: 83-2955613

Name and Address of Current Registered Agent:

BENNETT, MARISELA C 16101 EMERALD ESTATES DR. 451 WESTON, FL 33331 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

Authorized Person(s) Detail :						
Title	MGR	Title	MGR			
Name	DE CAIRES DE PITA, MARIA J	Name	PITA DE CAIRES, CINDY V			
Address	2600 S UNIVERSITY DR., APT. 117	Address	2600 S UNIVERSITY DR			
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	117 DAVID FL 33328			
Title	MGR					
Name	PITA DE CAIRES, CHRISTOPHER W					
Address	2600 S UNIVERSITY DR 117					
City-State-Zip:	DAVIE FL 33328					

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

MGR

Certificate of Status Desired: No

Date

01/30/2023

FILED Jan 30, 2023 Secretary of State 5053274213CC

Date