

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0000 78

1. Entity Name
ROYAL PENINSULA, L.C.



FILED

2008 DEC 16 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3330-B KIRK RD
LAKE WORTH, FL 33461

Mailing Address
330 KIRK ROAD
LAKE WORTH, FL 33461

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
3330 KIRK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE WORTH FL

Zip

Country

Zip

Country

33461

12022008 REIN-LLC CR2E101 (1/07)

4. FEI Number
65-1063462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIZOSO, ANTONIO
3330 KIRK ROAD
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME VIZOSO, ANTONIO O
STREET ADDRESS 3330-A KIRK RD.
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE MGR ☐ Delete
NAME VIZOSO, LUISA M
STREET ADDRESS 3330-A KIRK ROAD
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE MGR ☐ Delete
NAME VIZOSO, FREDERICK
STREET ADDRESS 1761 CRESTWOOD BLVD.
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE MGR ☐ Delete
NAME ALEJANDRA, SAYLOR
STREET ADDRESS 117 FLAGLER LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900138696089
12/08/08--01063--022 ***138.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #