

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90103 048 ****50.00

DOCUMENT # L01000012473

1. Entity Name
ROYAL GARDENS INVESTMENTS, LLC



Principal Place of Business

3450 W 84 ST.
STE. 201
HIALEAH, FL 33018

Mailing Address

3450 W 84 ST.
STE. 201
HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1127330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAVERAN, NELSON
3450 W 84 ST.
STE. 201
HIALEAH, FL 33018

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRAVERAN, NELSON
3450 W 84 ST., STE. 201
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRAVERAN, I. CRISTINA
3450 W 84 ST., STE. 201
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRAVERAN, JEANNIE
3450 W 84 ST., STE. 201
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/05

Date

305-557-1253

Daytime Phone #