

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

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



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

000000878357
04/14/08-80050-023-138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/31/08

Date

305-557-1253

Daytime Phone #