

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 JUN 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007450

1. Entity Name
EMBROIDERY OF ROYAL PALM, LLC



Principal Place of Business
9990 BELVEDERE RD
INSIDE: WAL-MART
WEST PALM BEACH, FL 33411

Mailing Address
9990 BELVEDERE RD
INSIDE: WAL-MART
WEST PALM BEACH, FL 33411



2. Principal Place of Business

3. Mailing Address

405 LAKE CAROL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

010 MARKO MILOBAC

City & State

City & State

WEST PALM BEACH FL

Zip

Country

Zip

33411

Country

PALMBEACH

05242005

REIN-LLC

CR2E101 (6/04)

4. FEI Number

42-1541694

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOKE, BRIAN J ESQ
ARNSTEIN & LEHR
515 N. FLAGLER DR., STE. 600
WEST PALM BEACH, FL 33401

Name

MARKO J. MILOBAC

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

405 LAKE CAROL DRIVE

City

WEST PALM BEACH FL

Zip Code

33411

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

S-24-05

FILE NOW!!! FEE IS \$100.00

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME THE PALM BEACH COMPANY
STREET ADDRESS 9990 BELVEDERE RD
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☒ Change ☐ Addition
NAME 405 LAKE CAROL DRIVE
STREET ADDRESS WEST PALM BEACH, FL 33411
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 900055343199
STREET ADDRESS 05/26/05--01003--001
CITY-ST-ZIP **105.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 2004-2005
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

V. PRES

S-24-05

561

204-2244