

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90005 015 ****50.00

DOCUMENT # L 020000 26878
1. Entity Name **ROYAL LIQUIDATION GROUP, LLC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1063 NW 1st Court
Suite, Apt. #, etc.

3. Mailing Address
1063 NW 1st Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hallandale, FL

City & State
Hallandale, FL

4. FEI Number
550802198

Applied For
Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Joshua D. Manaster, Esquire**
Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue, Eighth Floor

City **Miami** **FL** Zip Code **33131**

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

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
DAVID DAYAN
1063 NW 1ST COURT
Hallandale, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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: **David Dayan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/03 **954-4578118**
Date Daytime Phone #