

Feb 01,  
Seci

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000014232**

1. Entity Name  
ROYAL BRITAIN, LLC



Principal Place of Business  
9 HARBOR CENTER DRIVE  
SUITE 12  
PALM COAST, FL 32137

Mailing Address  
9 HARBOR CENTER DRIVE  
SUITE 12  
PALM COAST, FL 32137



01262005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3755166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

EVANS, KEITH  
9 HARBOR CENTER DR  
SUITE 12  
PALM COAST, FL 32137

**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 reinstalling)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
EVANS, KEITH  
9 HARBOR CENTER DR SUITE12  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SAMURIN, ALEKSANDR M  
30 BUNKER LN  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000208732  
02/02/05-80007-005 50.00

**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

Date

Daytime Phone #