

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029503

FILED
Apr 28, 2009
Secretary of State

Entity Name: ROYAL DESTINY, LLC

Current Principal Place of Business:

19245 NW 53RD CIRCLE PLACE
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

19245 NW 53RD CIRCLE PLACE
MIAMI, FL 33055

New Mailing Address:

FEI Number: 20-0142214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMILLE, BRANFORD
4231 N.W. 204TH ST
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRANFORD, EVELYN
Address: 19245 NW 53RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055 US

Title: MGRM () Delete
Name: BRANFORD, WINSTON
Address: 19245 NW 53RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055 US

Title: MGRM () Delete
Name: BRANFORD, ANTHONY
Address: 19245 NW 53RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055 US

Title: MGRM () Delete
Name: SHERYLL, BRANFORD-LEE
Address: 19245 NW 53RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055 US

Title: MGRM () Delete
Name: CHARLENE, BRANFORD-KNIGH
Address: 19245 NW 53RD CIRCLE PLACE
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: MGRM (X) Delete
Name: CAMILLE, BRANFORD
Address: 4231 N.W. 204TH ST
City-St-Zip: MIAMI GARDENS, FL 33055 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CAMILLE, BRANFORD
Address: 4231 N.W. 204TH ST
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CHARLENE, BRANFORD-KNIGH
Address: 19245 NW 53RD CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EVELYN BRANFORD

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date