# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 02, 2007 8:00 am**
**Secretary of State**
05-02-2007 90354 021 ****50.00

DOCUMENT # L03000040788

1. Entity Name
ROYAL PALM DISTRIBUTORS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2875 NE 191 STREET<br>SUITE 800<br>MIAMI, FL 33180 | 2875 NE 191 STREET<br>SUITE 800<br>MIAMI, FL 33180 |

DO NOT WRITE IN THIS SPACE

04292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0334482
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

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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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | GILINSKI, ABRAHAM |
| STREET ADDRESS | 228 PARK DRIVE |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 |
| TITLE | MGRM |
| NAME | GILINSKI, MOISES |
| STREET ADDRESS | 287 BAL CROSS DRIVE |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 |
| TITLE | MGRM |
| NAME | IASLOVITS, MICHAEL |
| STREET ADDRESS | 168 CAMDEM DRIVE |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ Abraham Gilinski 05/01/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #