


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90208 036 ****50.00

DOCUMENT # L03000043355	
1. Entity Name ROYAL AGE DILIGENCE, LLC	

Principal Place of Business 10730 S.W. 14 CT. DAVIE, FL 33324	Mailing Address P.O. BOX 550892 FORT LAUDERDALE, FL 33355
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2. Principal Place of Business - No P.O. Box # 829 NW 110 TERRACE	3. Mailing Address P.O. BOX 550892
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANTATION, FL	City & State Fort Lauderdale, FL
Zip 33324	Country USA
Zip 33355	Country USA



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0431492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MORENO, NOHRA M 10730 SW 14 CT. DAVIE, FL 33324	
7. Name and Address of New Registered Agent Name MORENO, NOHRA M Street Address (P.O. Box Number is Not Acceptable) 829 NW 110 TERRACE City PLANTATION FL Zip Code 33324	

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 *Nohra Moreno* (NOTE: Registered Agent signature required when reinstating) DATE *January 8, 2007*

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, NOHRA 10730 SW 14 CT. DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, NOHRA 829 NW 110 TERRACE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nohra Moreno* (954) *January 8/07* *8167997*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #