# 2008 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L03000044930**

**1.** Entity Name
ROYAL DOLLAR STUDIOS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5111 PINE TREE DR.<br>MIAMI BEACH, FL 33140 | 5111 PINE TREE DR.<br>MIAMI BEACH, FL 33140 |

## DO NOT WRITE IN THIS SPACE

# FILED

08 FEB 18 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

01212008 No Chg-LLC       CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 20-1321580 | Not Applicable |

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

---

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

LICKSTEIN, FRED K ESQ
100 S.E. 2ND ST., 17TH FLOOR
MIAMI, FL 33131

## 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 reinstating)     DATE

---

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

000116413390
01/30/08--01002--020   **1166.25

---

**9.**              MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | FASSI, TAREK A |
| STREET ADDRESS | 5111 PINE TREE DR. |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 |
| 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 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE
## IN THIS SPACE

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #