

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L04000003950**

1. Limited Liability Company's Name

**Royalty Vacation Homes**

2. Principal Office Address - No P.O. Box #

**4715 Ainsdale Walk**

Suite, Apt. #, etc.

3. Mailing Office Address

**130 Main St**

Suite, Apt. #, etc.

City & State

**Kissimmee, FL**

Zip

**34746**

Country

**USA**

City & State

**Gorham, NH**

Zip

**03581**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**Robert King**

Street Address (P.O. Box Number is Not Acceptable)

**11196 180th Court South**

Suite, Apt. #, Etc

City

**Boca Raton**

State

**FL**

Zip Code

**33498**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

**Robert King**

Date

**2/28/11**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Donald King	8 Church St	Gorham NH 03581
MGRM	Richard King	20 Church St	Gorham NH 03581

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

**Donald King**

Date

**2/28/11**

Daytime Phone #

**603 723 6080**

Typed or printed name of signing Managing Member/Manager

**Donald King**

FILED

11 MAR -8 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS

700197071507  
03/08/11--01013--015 \*\*377.50

REINSTATEMENT 10-11

4. State/Country of Formation

**FL, USA**

5. Date Organized or Qualified To Do Business in Florida

**1/14/04**

6. FEI Number

**75-3143371**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

E-mail Address:

700197071507  
03/08/11--01013--016 \*\*25.00

**tvm tvm 666@hotmail.com**  
(To be used for future annual report notices)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Royalty Vacation Homes, LLC

2. (a) Principal office address of limited liability company: 4715 Ainsdale Walk

(Note: **MUST BE STREET ADDRESS**)

Kissimmee, FL 34746

(b) Mailing address of limited liability company: 130 Main St

(Note: **MAY BE POST OFFICE BOX**)

Gorham, NH 03581

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Eduardo J Garcia

Registered Office Address:

Ste 200 Grand Bay Tower  
2665 S. Bayshore Drive  
Miami FL 33133

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Robert King

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

11196 180th Court South  
Boca Raton, FL 33498  
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00