## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000015583

RAMOS, ALEXIS M

1394 SARAZEN DRIVE

ROCKLEDGE, FL 32955

Name:

Address:

City-St-Zip:

Entity Name: ROYALBLAK DESIGN STUDIOS LLC

FILED Jun 05, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 927 E. NEW HAVEN AVE. SUITE314 MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 927 E. NEW HAVEN AVE. SUITE314 MELBOURNE, FL 32901 US FEI Number: 20-0787802 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FULLER, JULIA MS FULLER, JULIA MS 557 BURLINGTON AVE 2807 CAMERON ST US PALM BAY, FL 32907 US MELBOURNE, FL 32901 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: JULIA FULLER 06/05/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete GREENIDGE, KEVON Name: Name: Address: 927 E. NEW HAVEN AVE STE. 314 Address: City-St-Zip: MELBOURNE, FL 32901 US City-St-Zip: Title: MGR Title: MGR (X) Change ( ) Addition ( ) Delete Name: MANZANO, ANGELO JR. Name: MANZANO, ANGELO JR. Address: 1600 SUNNY BROOK LANE N.E. APT. F106 Address: 379 ROYAL ST SE City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32909 Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXIS RAMOS MGR 06/05/2006