2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# L04000015583

Entity Name: ROYALBLAK DESIGN STUDIOS LLC

Current Principal Place of Business:

927 E. NEW HAVEN AVE.
SUITE314
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

927 E. NEW HAVEN AVE.
SUITE314
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 20-0787802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLER, JULIA MS
2807 CAMERON ST.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GREENIDGE, KEVON
Address: 927 E. NEW HAVEN AVE STE. 314
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR ( ) Delete
Name: MANZANO, ANGELO JR.
Address: 379 ROYAL ST SE
City-St-Zip: PALM BAY, FL 32909

Title: MGR (X) Delete
Name: RAMOS, ALEXIS M
Address: 1394 SARAZEN DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: RAMOS, ALEXIS M
Address: 1932 LAKE ATRIUM CIRCLE UNIT 77
City-St-Zip: ORLANDO, FL 32839

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALEXIS RAMOS MGR 02/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date