

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000027145

FILED
Jul 16, 2007
Secretary of State

Entity Name: ROYALE PARTNERS, L.L.C.

Current Principal Place of Business:

611 LINCOLN ROAD #202
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

611 LINCOLN ROAD #202
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

SERFATY, CHARLES S ESQ
4340 SHERIDAN STREET, SECOND FLOOR
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SERFATY, CHARLES S ESQ
4770 BISCAYNE BOULEVARD
SUITE 1430
MIAMI, FL 33137 US

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: CHARLES S. SERFATY

07/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RITTERSHEIM, VINCENT
Address: 611 LINCOLN ROAD #202
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: HALLOT, PATRICE
Address: 611 LINCOLN ROAD #202
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PATRICE HALLOT

MGR

07/16/2007

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