

1062

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 FEB 13 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000083413	
1. Entity Name ROYAL AVIATION LLC	



Principal Place of Business 2025 NW 102 AVE. UNIT 111 MIAMI, FL 33172	Mailing Address 2025 NW 102 AVE. UNIT 111 MIAMI, FL 33172
-----------------------------------------------------------------------------	-----------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1909149	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MESQUITA, OSWALDO 2025 NW 102 AVE. UNIT 111 MIAMI, FL 33172		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSTA DE SA, MOYSES RUA DE PRATA 495 SAO PAULO BRAZIL, 04637042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUELA DE SA, CARIN RUA DE PRATA 495 SAO PAULO BRAZIL, 04637042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: See Attached

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

REINSTATEMENT 08-09 AL

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000083413



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ROYAL AVIATION LLC

Principal Place of Business

2025 NW 102 AVE. UNIT 111
MIAMI, FL 33172

Mailing Address

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MIAMI, FL 33172



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3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

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01122009 REIN-LLC

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Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESQUITA, OSWALDO
2025 NW 102 AVE. UNIT 111
MIAMI, FL 33172

Name

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

City

FL

Zip Code

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 \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
MGRM
COSTA DE SA, MOYSES
RUA DE PRATA 495
SAO PAULO BRAZIL, 04637042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUELA DE SA, CARIN
RUA DE PRATA 495
SAO PAULO BRAZIL, 04637042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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Moyes Costa de Sa

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JANUARY 30, 2009

Date

305-470-1224

Daytime Phone #