2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # L04000093098 1. Entity Name 04-12-2005 90011 003 ****50.00 ROYLE, LLC Principal Place of Business Mailing Address 1411 S 14TH ST SUITE H FERNANDINA BEACH FL 32034 P.O. BOX 6275 FERNANDINA BEACH FL 32035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number X Applied For City & State City & State APPLIED Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent GERRITY, JOSEPH JR. Straet Address (P.O. Box Number is Not Acceptable) **2193 1ST AVENUE** FERNANDINA BEACH FL 32034 City 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, type e of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, MGRM ☐ Defeta HILE ☐ Change ☐ Addition TITLE GERRITY, JOSEPH JR. NAME MAME STREET ADDRESS STREET ADDRESS 2193 1ST AVENUE FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-Z)P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 1 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 employeed to execute this report as required by Chapter 608, Florida Statutes. 904-241-3556

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