2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 08, 2008 8:00 am
Secretary of State
04-08-2008 90042 001 ***138.75

DOCUMENT # L04000093098

1. Entity Name
ROYLE, LLC

Principal Place of Business	Mailing Address
~~1411 S 14TH ST~~ ~~STE H~~ ~~FERNANDINA BEACH FL 32034~~ ~~US~~	~~P.O. BOX 6275~~ ~~FERNANDINA BEACH FL 32035~~

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2058 OAK MARSH DRIVE	P.O. BOX 810
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FERNANDINA BEACH	City & State: FERNANDINA BEACH
Zip: 32034 Country: U.S.A.	Zip: 32035 Country: U.S.A.

4. FEI Number 20-2119274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~GERRITY, JOSEPH JR~~
~~1105 S. 19TH STREET~~
~~FERNANDINA BEACH FL 32034~~

7. Name and Address of New Registered Agent

Name: WILLIAM A. DOYLE, JR.
Street Address (P.O. Box Number is Not Acceptable): 2058 OAK MARSH DRIVE
City: FERNANDINA BEACH FL Zip Code 32034

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] DATE 3/20/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME	GERRITY, JOSEPH JR.	NAME	DOYLE, WILLIAM A., JR.
STREET ADDRESS	2193 1ST AVENUE	STREET ADDRESS	P.O. BOX 810
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	CITY-ST-ZIP	FERNANDINA BEACH, FL 32035
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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 exemptions contained in Section 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: [signature] 3/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #