

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001109

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** ROYAL PALM SQUARE PROPERTIES, LLC

**Current Principal Place of Business:**

2259 S OLGA DR  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

14801 OAKWOOD COURT  
FORT MYERS, FL 33905 US

**Current Mailing Address:**

2259 S OLGA DR.  
FORT MYERS, FL 33905 US

**New Mailing Address:**

14801 OAKWOOD COURT  
FORT MYERS, FL 33905 US

FEI Number: 07-4768087      FEI Number Applied For ( )      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:**

HUMMEL, LORELEI  
2259 SOUTH OLGA DR  
FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

HUMMEL, LORELEI  
14801 OAKWOOD COURT  
FORT MYERS, FL 33905 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: LORELEI HUMMEL

05/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUMMEL, LORELEI  
Address: 2259 S OLGA DR  
City-St-Zip: FORT MYERS, FL 33905 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUMMEL, LORELEI  
Address: 14801 OAKWOOD COURT  
City-St-Zip: FORT MYERS, FL 33905 US

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: LORELEI

PVP

05/04/2009

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