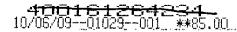
L05000002395

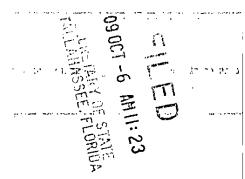
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COVER LETTER

SUBJECT:	ROYAL ISLAND,	LLC y Company		
DOCUMENT NUMBER:	BER: L05000002395			
The enclosed Resignation of Registe for filing.	ered Agent for a Limited	ed Liability Company and fee are submitte		
Please return all correspondence con	ncerning this matter to th	the following:		
Tami Gerardi		_		
Name of Person	n			
National Corporate Rese				
Name of Firm/Com	pany	_		
615 South DuPont F	Highway	_		
Dover, DE 199 City/State and Zip (_		
tami@nationalcor E-mail address: (to be used for future	p.com annual report notification)			
For further information concerning t	his matter, please call:			
Wayne Rafanelli	at (<u>800</u>)483 1140		
Name of Person	Area Code	e & Daytime Telephone Number		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	ns of section 608.416(2) or 608.509, Florida	Statutes, the undersigned	,
National C	Corporate Research, Ltd., Inc.	, hereby resigns as	-1, O
	Name of Registered Agent	,,B	a S
Registered Agent for	ROYAL ISLAI	ND, LLC	
			92
	Name of Limited Liability Company		FLORE STATE
L05000	0002395		
Document Nu	mber, if known		V
.,	on was mailed to the above listed limited liab		
The agency is terminated	Wayne for Josephing Af	gent gent	ns statement is med.
If signing on behalf of a	n entity:		
	National Corporate Research, L Typed or Printed Name	_td., Inc.	
·	Wayne Rafanelli, Vice Presi	ident	

5.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314