


2006 LIMITED LIABILITY COMPANY REINSTATEMENT


DOCUMENT # L05000026921 1. Entity Name ROYAL PALM HOTEL EMPLOYER, LLC					
Principal Place of Business 1525 COLLINS AVENUE MIAMI BEACH, FL 33139			Mailing Address 1525 COLLINS AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business 1545 Collins Ave Suite, Apt. #, etc.		3. Mailing Address 1545 Collins Ave Suite, Apt. #, etc.			
City & State Miami Beach, FL Zip 33139		City & State Miami Beach, FL Zip 33139		4. FEI Number 20-2516156	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent 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 <u>William Cygnor</u> 10-11-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALOR, ROBERT D 1525 COLLINS AVENUE MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080876316 10/16/06--01044--008 **155.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>William Cygnor</u> 10-11-06 7862760102 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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4. FEI Number
20-2516156

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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