2007 LIMITED LIABILITY COMPANY REINSTATEMENT SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L05000038114						DIAISION OF C	ORPORAT	TIONS	
Entity Name ROYAL PALM PLAZA INVESTMENTS, L.L.C.						07 SEP 20	AM 9:	46	
Principal Place	e of Business	Mailing Address							
161-04 84Th	= -	161-04 84TH STREET							
"HOMAKD REA	ACH, NY 11414	HOWARD BEACH, NY 114	114						
									
2. Principal Pl	lace of Business - No P.O. Box # POMPANO BEACH BLVD	3. Mailing Address	11 N. POMPANO BEACH BLVD			1818 Biiii Baiii 1818 Baiii 1			i 1 1 101
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			09172007	REIN-LLC	CR2E101	(1/07)	-
City & State	O BEACH FL	City & State POMPANO BEACH PC		_	4. FEI Numbe		Applied For Not Applicable		
Zip 33062	Country		Country U.5		5 Cartificate of Status Desired \$			i.00 Additional	
22062	6. Name and Address of Current F	<u> </u>			7. Name and	Address of New Reg		 	-
	or reality distribution of our control	Nam	Name PIETRO RUSSO						
	S, JEFFREY ESQ.	Stre	Street Address (P.O. Box Number is Not Acceptable)						
	S & MAIDENBAUM LYWOOD BOULEVARD, SUITI								
HOLLYWOOD, FL 33021			/	111 N.	POMPA	10 BEACH	BLVD	# 10	3
		City	PO.4 0A	IND BEH	1011	FL	Zip Code	62	
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 agistered agent									
SIGNATURE Signature Sign									
FILE NOW!!! FEE IS \$50.00 in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make Check payable to Florida Department of State									
9.	MANAGING MEMBE		10.			ADDITIONS/C			
TITLE NAME	MGM RUSSO, PIETRO MGM	Delete	TITLE NAME				<u>, e</u>	Change	Addition
STREET ADDRESS				ODRESS 111 N. POMPANO BEACH BLVD #503					
CITY-ST-ZIP	HOWARD BEACH, NY 11414		CITY-ST-ZIP			BEACH , M		62	
TITLE		☐ Delete	TITLE			DENT] Change	Addition
NAME STREET ADDRESS	NAM			SALVATORE RUSSO EET ADDRESS 11: N. POMPANO BEACH BLVD # VO3					
CITY-ST-ZIP			CITY-ST-ZIP	MED	PANO BE	ACH LL	3306	۷	
TITLE		☐ Delete	TITLE] Change	☐ Addition
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		Delete	TITLE	14			<u>ر ر</u>		Addition
TITLE NAME		C Delete	NAME				Β <u>Ϳ</u>	T	
STREET ADDRESS			STREET ADDR	ESS					
CtTY-ST-ZIP	and the base of a second secon	this filing does not available.	CITY-ST-ZIP	ne contained	in Chanter 110	Florida Statutos 16	ther certify th	at the info	rmation
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 of the receiver or trustee empsywered to execute this report as required by Chapter 608, Florida Statutes.									
	Vinto	1/2				_			
SIGNAT	TURE: HUMO		P1 6778.3			9-17-07 Date	917	838-	4200
1	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MANA	GER, OH AUTHO	INIZED REPRESI	ENTATIVE	Uale	Daytii	HO FIIOM #	