

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000013352

1. Entity Name
ROYAL SDH INVESTMENT, LLC



Principal Place of Business
**1701 WINTERBERRY LANE
WESTON, FL 33327**

Mailing Address
**1701 WINTERBERRY LANE
WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4262899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, FAUSTINO J
1688 CORAL WAY
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000936534
05/27/08-80014-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STM & C LLC 1701 WINTERBERRY LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE MARCO, ANDRES 1701 WINTERBERRY LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANON, LEONARD 1701 WINTERBERRY LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANON, ANGELICA 1701 WINTERBERRY LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, MARIA ELENA 1701 WINTERBERRY LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/08

9542961603