PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2021 SEP -3 PM 3:03

DOCUMENT # L06000018912

1. Limited Liability Company's Name

ROYAL PRODUCTIONS L.L.C.

フィブロコンファ	1058	
1 1,_11_1,_1		⇒ '⊃
- 08/03/210	1000t = -0.00	##1000 TE
- 907 937 61 = =9	1004-100	- *** *********************************

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing C	Mailing Office Address			CR2E041 (1/14)		
· · · · · · · · · · · · · · · · · · ·		7805 NV	7805 NW 5th Court		4. State/Count	4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #,		, etc	etc		FLORIDA/USA			
Suite 108 Suite 108		8			Date Organized or Qualified To Do Business in Florida 02/21/2006			
City & State City & State								
Margate, Florida Margate		, Florida			6. FEI Number Applied 75-3214205 Not App.			
Zip	Country	Zip		Country	<u> </u>	<u>-</u>	Not Applicable	
33063	USA	33063		USA	CERTIFICATE OF	STATUS DESIRED S5.00 for a c	Additional Fee required ertificate of status	
	8. Name and Add	ress of Current Re	gistered Agent					
Name ANDY CHE	RENFANT					men stands		
Streel Address (P.O. Box Number is Not Acceptable) Suite, 7805 NW 5th Court					REIN	REINSTALEMENT (10)		
Apt. #, Etc.		<u> </u>						
SUITE 108						2009-	2021	
City MARGATE			Sta F			200 i s		
9. ! being ap	pointed the registered agent of th	e above named limite	ed hability compa	ny, am familiar with an	nd accept the obligations	s of Chapter 605, F.S.		
Signature of						JEH V 22 2	n21	
Registered Age	nt	REGISTERED AG	ENT MUST SIGN			Date JULY 22,2		
10 Names and	Chant Address of Authorized D						· · · ·	
Names and	Street Addresses of Authorized R	epresentatives/ manaç	gers	Charle Address of				
Titles		Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip		
ngr	R ANDY CHERENFANT		7805	7805 NW 5th Court SUITE 108		MARGATE/FLORIDA/33063		
						SEP 0 3 7021		
						I ALBRITTO!	٧	
11. E- mail Addr	ess CHERE	NFANTSR@G	MAIL.COM	1				
12 Lacatifus Lac	Lam an authorized reason-1-1	ivel manages as the		tuture annual report noti	· · · · · · · · · · · · · · · · · · ·	e provided for in Charter St	% ES I (urther	
certify that who 605.0012, F.S. shall have the	it am an authorized representation filing this reinstatement applic, and that all fees owed by the lisame legal effect as 4 made uncled for in s. 817.155, F.S.	ation the reason for mited liability compa ler oath, I am aware	dissolution has l ny have been pa	been eliminated, the aid. The information i nation submitted in a	limited liability compan indicated on this applic document to the Depa	y name satisfies the require ation is true and accurate, a riment of State constitutes a	ment of section ind my signature i third degree	
Signature of au	thorized representative/membe	rowy.	(1 Cour	Paje _	ULY 22, 2021	954-6	JO-U412	
Typed or printe	d name of signing authorized re	presentative/membe	er/	My C	11/1latant	<i></i>		