

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # L06000040606

1. Entity Name
ROYALTON, L.L.C.



Principal Place of Business
P.O. BOX 579874
MODESTO, CA 95357 US

Mailing Address
P.O. BOX 579874
MODESTO, CA 95357 US



01052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4823595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DOGO MANAGEMENT CORP
P.O. BOX 579874
MODESTO, CA 95357

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSADA, RUBEN
221 CAMELLIA WAY
MODESTO, CA 95354

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSADA, ANITA
221 CAMELLIA WAY
MODESTO, CA 95354

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000840163
03/06/08-80037-010 138.75

**DO NOT WRITE
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 #

2/15/08 407-426-2300