

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90248 050 ****50.00

DOCUMENT # L06000098977

1. Entity Name
MT ROYAL, LLC



Principal Place of Business SUITE 112, MSC370 100 GRAND BLVD. PASEOS SAN JUAN, PUERTO RICO, 00926, XX	Mailing Address SUITE 112, MSC370 100 GRAND BLVD. PASEOS SAN JUAN, PUERTO RICO, 00926, XX
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 32-0186207	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS G. SHERMAN, ESQ., P.A.
90 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRATS, RAMON SUITE 112, MSC370 100 GRAND BLVD. PASEOS SAN JUAN, PUERTO RICO, 00926, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, TERESA NOBLE SUITE 112, MSC370 100 GRAND BLVD. PASEOS SAN JUAN, PUERTO RICO, 00926, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone #