

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119800

FILED
Jan 09, 2008
Secretary of State

Entity Name: ROYAL FLUSH HOLDING COMPANY LLC

Current Principal Place of Business:

2041 WHITFIELD PARK LOOP
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

2041 WHITFIELD PARK LOOP
SARASOTA, FL 34243

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

GARY, SIMONE
2041 WHITFIELD PARK LOOP
SARASOTA, FL 34243 US

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.

SIGNATURE: GARY SIMONE

01/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMONE, GARY A SR.
Address: 2041 WHITFIELD PARK LOOP
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: RUTIGLIANO, WENDY
Address: 2041 WHITFIELD PARK LOOP
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY SIMONE

MGR

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date