

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000060683

**FILED**  
**Aug 30, 2010**  
**Secretary of State**

**Entity Name:** ROYAL PALMS AT INVERRARY, LLC

**Current Principal Place of Business:**

2206 BELLA LAGO DRIVE, UNIT 1514  
BOCA RATON, FL 33433

**New Principal Place of Business:**

10155 COLLINS AVE  
APT 503  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

2206 BELLA LAGO DRIVE, UNIT 1514  
BOCA RATON, FL 33433

**New Mailing Address:**

PO BOX 1710  
DANIA BEACH, FL 33004

**FEI Number:** 26-2929142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

FARBMAN, DAVID MANAGER  
2900 NW 56TH AVE  
LEASING OFFICE  
LAUDERHILL, FL 33313 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: DAVID FARBMAN

08/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GERSTLE, RUTH E  
Address: 10155 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR  
Name: RUTH E. GERSTLE TRUST  
Address: 10155 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR  
Name: FARBMAN, JUDITH T  
Address: 10155 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR  
Name: GERSTLE, LEONARD  
Address: 10155 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

I hereby 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: RUTH GERSTLE

MGRM

08/30/2010

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