


2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 15 AM 11:14

DOCUMENT # L08000075996	
1. Entity Name ROYAL CONSIGNMENT, LLC	

Principal Place of Business 4402 S.TAMiami TRAIL A SARASOTA, FL 34232	Mailing Address 510 WEST LAKE DRIVE SARASOTA, FL 34232
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4501 QUAIL RUN LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Sarasota FL
Zip	Zip 34232
Country	Country USA



04292011 Chg-LLC CR2E083 (11/08)

4. FEI Number 26-3117943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RILEY, IZABELA 510 WEST LAKE DRIVE SARASOTA, FL 34232	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2011 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RILEY, IZABELA 510 WEST LAKE DRIVE SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800208959518 06/15/11--01026--005 **138.75
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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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

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: <i>Isabela Riley</i>	Date 6/09/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

B Tadlock JUN 15 2011