

Division of Corporations Electronic Filing Cover Sheet

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| To: From: **Enter the annual | Division of Corporations Fax Number : (850)617-6381 Account Name : CAPITOL SERVICES, Account Number : 1201600000017 Phone : (855)498-5500 Fax Number : (800)432-3622 The email address for this business enal report mailings. Enter only one enal address: | INC. 5.1 | 2024 NOV 12 PM |
| | FLORIDA LIMITED LIAB Royals Pub 2 LLO | , , | II2: 35 |
| | Certificate of Status | 0 | |
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Electronic Filing Menu

Corporate Filing Menu

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H24000375586 3 - 4 -- -**COVER LETTER** TO: New Filing Section Division of Corporations Royals pub 2 SUBJECT: Name of Limited Liability Company & 77.1 ... The enclosed Articles of Organization and fee(s) are submitted for filing. • p ** Please return all correspondence concerning this matter to the following: Joshua Royals Name of Person Royals pub 2 Firm/Company , et 2515 Indigo Dr 5 3 1 1 Address Dunedin FL 34698 :1 City/State and Zip Code standrewsdunedinfl@gmail.com E-mail address: (to be used for future annual report notification) ٧; For further information concerning this matter, please call: 4953482 Josh Royals Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: તીર પ્રાઉ. □\$155.00 Filing Fee & □\$160.00 Filing Fee, ■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) ţŀ Mailing Address Street Address New Filing Section Division New Filing Section The Centre of Tailahassee Division of Corporations 2415 N. Monroe Street, Suite 810 P.O. Box 6327 Tallahassce, FL 32314 Tallahassee,)FL 32303 2 . . . 1 6 œ. ٠;

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| e name of the Limited | Liability Company is: | | | | |
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| Royels pub 2 LLC | | | | | |
| (Mı | ist contain the words "Limited | l Liability Compa | ny, "L.L.C."," c | or "LLC.") | |
| RTICLE II - Address: | | | | | |
| | street address of the principal | office of the Limi | ted Liability C | ompany is: | |
| • | • | | • | • • | |
| · 1044.7846 * - = | Principal Office Address: | | ٠ ۴. | Mailing Address: | · · |
| 2515 Indigo Dr | | 2 | 515 Ind go Dr | ig/ | |
| Dunedin FL 3469 | 8 | | unedin FL 34698 | 'P' | - 1 |
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| ARTICLE IV- | | • • | 7 |
| The name and address of each person a | | c Limited Liabil | ity Company: |
| Title: | V. Name and Address: | | |
| "AMBR" = Authorized Member | 183 | | |
| "MGR" = Manager | | | |
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