

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90209 038 ****50.00

DOCUMENT # L98000001684

1. Entity Name

ROYAL SERVICES OF SOUTH FLORIDA, LLC

DO NOT WRITE IN THIS SPACE

961062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

711 N.W. 6th Ave.

Suite, Apt. #, etc.

3. Mailing Address

711 N.W. 6th Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33136

Country
US

Zip
33136

Country
US

4. FEI Number

65-0855658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Percy Rosenbloom, III

Street Address (P.O. Box Number is Not Acceptable)

123 Park Street

Jacksonville, FL 32204

City

Jacksonville

FL

Zip Code
32204

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Barrero, Sergio
711 N.W. 6th Ave. Miami, FL 33136

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Rosenbloom, Percy III
123 Park Street
Jacksonville, FL 32203

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Percy Rosenbloom III

Percy Rosenbloom III

4/29/02

(904)355-2741 ext 150

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

Date

Daytime Phone #