

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001585

1. Entity Name

ROYAL CREST FARMS, LLC

Principal Place of Business

11849 SUNCHASE CT.
BOCA RATON, FL 33498

Mailing Address

11849 SUNCHASE CT.
BOCA RATON, FL 33498

2. Principal Place of Business

135 SE 24th
Suite, Apt. #, etc.
Boynton Beach

3. Mailing Address

P.O. BOX 22

Suite, Apt. #, etc.

City & State

FL

City & State

DelRay Beach

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip 33435

Country USA

Zip 33447

Country USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLATTER, ERIC S
1499 W. PALMETTO PARK RD, STE 208
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name Linda Walden, CPA
Street Address (P.O. Box Number is Not Acceptable)
1489 Palmetto Park Rd
Suite 400
City Boca Raton FL Zip Code 33486

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 *Linda Walden, a Registered Agent*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/26/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME *Carol J. Stuber* ☐ Delete
STREET ADDRESS *member*
CITY-ST-ZIP *135 SE 24
Boynton Beach FL 33435*

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *700004191817-1*
CITY-ST-ZIP *-05/09/01--01131--007*
******55.00 *****55.00*

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

7/14/01 561-240-1253

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CR2E083 (11/00)