



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Control I	Number: 523164	Filing S	Status: Inactive-D	issolved		
imited Liability Company (D)		Date F	Date Formed: 10/03/2016		Formation Locale: ID	
Name and Ma ROYAL TILE L 1761 N HORN STAR, ID 836	BACK AVE			(1) Add or Chan	ge Mailing Address:	i.
Registered Agent (RA) and Registered Office (RO) Address: MIKHAIL PROZAPAS 1761 N HORNBACK AVE STAR, ID 83669				(2) Change RA and/or RO Address:		
	tered Agent (RA) Sig	nature:	ew agent is appointed in	item (2) above, the n	ew agent must sign here to accept the appoint	mer
) Limited Liabil hese will not be	accepted. Changes her	mes and address e will not affect th	es of Managers OR e entity mailing add	Members. Do No ress. If more spa	OT put 'same as last year' or 'same as ce is needed, please add an attachme	ab
hese will not be lanager/Member	Name Michail	e will not affect th	e entity mailing add	ress. If more spa	ce is needed, please add an attachme City, State, Zip	ab
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hese will not be Manager/Member Mgr	Name Michail	e will not affect th	e entity mailing add	ress. If more spa	City, State, Zip	ab ent.

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00 Sign and date this form and return to the address provided above.