

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90021 009 ****50.00

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1. Entity Name
RHD INVESTMENT LLC



60053610

Principal Place of Business Mailing Address
6015 N.W. 87 AVENUE **6015 N.W. 87 AVENUE**
MIAMI, FL 33178 **MIAMI, FL 33178**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07192007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RUBEN
6015 N.W. 87 AVENUE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **DIAZ ARIANNE**
 Street Address (P.O. Box Number is Not Acceptable)
6015 NW 87TH AVENUE
 City **MIAMI** FL Zip Code **33178**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM	DIAZ, RUBEN	6015 N.W. 87 AVENUE	<input checked="" type="checkbox"/>
		MIAMI, FL 33178		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MGRM	DIAZ, ARIANNE	6015 NW 87TH AVENUE		
		MIAMI FL 33178			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Arienne Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____