

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000031128

1. Entity Name
RCPITA ENTERPRISES, LLC



Principal Place of Business
**3699 N.W. 79TH STREET
MIAMI BEACH, FL 33147**

Mailing Address
**3699 N.W. 79TH STREET
MIAMI BEACH, FL 33147**



04192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|--|--------------------------------------|

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PITA, CARLOS
3699 N.W. 79TH STREET
MIAMI BEACH, FL 33147**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2008

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000938585
05/27/08-80097-006 143.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PITA, CARLOS 3699 N.W. 79TH STREET MIAMI BEACH, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PITA, RIGOBERTO 3699 N.W. 79TH STREET MIAMI BEACH, FL 33147 |
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

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

Date

Daytime Phone #

4/28/2008

305-696-1116