SIGNATURE: RAMON TISAIRE

that my name appears above, or on an attachment with all other like empowered.

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:
Electronic Signature of Registered Agent

Authorized Person(s) Detail .

Authorized Person(s) Detail :			
Title	MEMBER MANAGER	Title	MEMBER
Name	TISAIRE, RAMON	Name	TISAIRE, MARGARITA S
Address	801 BRICKELL KEY BLVD UNIT 1002	Address	801 BRICKELL KEY BLVD UNIT 1002
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0900006784

Entity Name: R & M ASSOCIATES, LLC

Current Principal Place of Business:

801 BRICKELL KEY BLVD UNIT 1002 MIAMI, FL 33131

Current Mailing Address:

801 BRICKELL KEY BLVD UNIT 1002 MIAMI, FL 33131

FEI Number: 26-4112902

Name and Address of Current Registered Agent:

TISAIRE, RAMON 801 BRICKELL KEY BLVD UNIT 1002 MIAMI, FL 33131 US FILED Apr 29, 2017 Secretary of State CC1203602722

Date

Certificate of Status Desired: Yes

MEMBER MANAGER

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail