

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90138 047 \*\*\*\*50.00

**DOCUMENT # L00000009642**

1. Entity Name  
**R AND A REALTY, LLC**



Principal Place of Business  
**13105 NW LEJEUNE ROAD  
OPA LOCKA, FL 33054**

Mailing Address  
**13105 NW LEJEUNE ROAD  
OPA LOCKA, FL 33054**



01242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1049058**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SEIF, EVAN D  
2800 PONCE DE LEON BOULEVARD, SUITE 1125  
MIAMI, FL 33134**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HOLLAND, BRIAN
STREET ADDRESS	13105 NW LEJEUNE ROAD
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	MGR
NAME	CHAPLIN, WAYNE
STREET ADDRESS	13105 NW LEJEUNE ROAD
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

*BRIAN HOLLAND*

*1/25/07 (305) 769-1110*