## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED Aug 22, 2002 8:00 am Secretary of State

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DOCUMENT# Lologo	01082	08-22-2002 90003 001 ****50.00
1. Entity Name		
RPI Group, LLC		
NFI Group, LLC	The second secon	0.01
		Services
DO NOT WRITE I	N THIS SPACE	
2. Principal Place of Business 3.25 SW 119 ST 3.	Mailing Address	
Suito Apt # ata	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	
Miani FC		4. FEI Number 056898 Applied For Not Applicable
Zip Country VSA	Zip Country	5. Certificate of Status Posicod Status Posicod Status Posicod
A State of the second control of the second		7. Name and Address of Current Registered Agent
DO NOT WRI	TE Name	orge Cruz
		dress (P.O. Box Number is Not Acceptable)
····· IN THIS SPAC	SE 8375	SW 119 ST
	THE RESERVE OF THE PROPERTY OF	
8. The above named entity submits this statement for the pu	roose of changing its registered office rises	iami FL Zia Code 56
	year or ording its registered unice of regi	stered agent, or both, i in the State of Florida.
SIGNATURE Signature Apped or printed name of registered agent and title	applicable.	3/5/02
()	FEE IS \$50.00	DATE
	Make Check Payable to Departm	ent of State
9. MANAGING MEMPERS AND	DUE BY MAY 1	
9. MANAGING MEMBERS/MA	NAGERS	
NAME STREET ADDRESS  83.25 Swill by	NAME	
CITY-ST-ZIP Many PZ 37176	STREET ADDRESS CITY_ST-ZIP	
THE STATE OF THE S	me	CRZE083B (12/0)
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1. I horeby certify that the information		
1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)( 1). Florida Statutes. I further certify that the information limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I am a managing member or manager of the testing the statutes of the statu		
tes.		
SIGNATURE: asthorized M. 8/5/63		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Doyline Phone of		