LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-22-2002 90200 006 ***150.00
L01000018642

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018642

1. Entity Name
RINAR, LLC

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2. Principal Place of Business	3. Mailing Address
141 Crandon Blvd.	(same)
Suite, Apt. #, etc. Unit 238	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33149 Country U.S.A.	Zip Country

4. FEI Number 56-2293864 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name DORTA, HUGO E
Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE # 905
City MIAMI FL Zip Code 33131

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	D RINALDI HUMBERTO OCTAVIO
STREET ADDRESS	141 Crandon Blvd., Unit 238
CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	
NAME	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ____________________ 04-28-2002 (786) 277 6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #