

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90408 005 ****55.00

DOCUMENT # L01000022477

1. Entity Name

RG SERVICES OF AMERICA LLC

DO NOT WRITE IN THIS SPACE

968046

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 LIBERTY AVE. # 119

Suite, Apt. #, etc.

3. Mailing Address

2000 LIBERTY AVE # 119

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

MIAMI BEACH

4. FEI Number

04-3651817

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

33139

Country

DADE

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIGUEL A. GOMEZ

Street Address (P.O. Box Number is Not Acceptable)

2000 LIBERTY AVE. # 119

City

MIAMI BEACH

FL

Zip Code

33139

**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.

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
MIGUEL A. GOMEZ
2000 LIBERTY AVE. # 119
MIAMI BEACH FL 33139

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE-PRESIDENT
MARIELA A. ROJAS
2000 LIBERTY AVE. # 119
MIAMI BEACH, FL 33139

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

Miguel Gomez

MIGUEL A. GOMEZ

PRESIDENT

04/26/02

305-695-4165

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

Date

Daytime Phone #