2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022477

1. Entity Name
RG SERVICES OF AMERICA LLC

Principal Place of Business	Mailing Address
2000 LIBERTY AVE # 119 MIAMI BEACH, FL 33139	2000 LIBERTY AVE # 119 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

08092004No Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3651817

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, MIGUEL ANGEL
2000 LIBERTY AVE # 119
MIAMI BEACH, FL 33139

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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.

U00000169907
08/12/04-80003-004 55.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 3, 2004

~~U00000169907~~ A.H
~~08/12/04-80003-004 50.00~~

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	GOMEZ, MIGUEL A
STREET ADDRESS	2000 LIBERTY AVE # 119
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	V
NAME	ROJAS, MARIELA A
STREET ADDRESS	2000 LIBERTY AVE # 119
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 GOMEZ President 8.9.04 (305) 695 4165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #