

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90002 017 ****55.00

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**

30039584



☐ CHECK HERE IF MAKING CHANGES

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 (FL)

City & State

Miami Beach (FL)

Zip

33139

Country

DAVE

Zip

33139

Country

DAVE

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**

7. Name and Address of New Registered Agent

Name **MIGUEL A. GOMEZ**

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

2000 LIBERTY AVE. # 119

City

FL

Zip Code **33139**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, MIGUEL A 2000 LIBERTY AVE # 119 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROJAS, MARIELA A 2000 LIBERTY AVE # 119 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

MIGUEL GOMEZ 02/25/03 (305) 695-4165

Date

Daytime Phone #

CR2E083 (10/02)