

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90215 021 ****50.00

DOCUMENT # L02000023774

1. Entity Name
R.G. VENTURES, LLC



Principal Place of Business
**14113 SIERRA VISTA DR.
ORLANDO, FL 32837**

Mailing Address
**14113 SIERRA VISTA DR.
ORLANDO, FL 32837**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-1195921

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MOSTAFA, PATRICIA~~
~~12633 DARBY AVE.~~
~~ORLANDO, FL 32837~~

7. Name and Address of New Registered Agent

Name **MAGALLY ROCA**

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

14113 SIERRA VISTA DRIVE

City **ORLANDO**

FL

Zip Code
32837

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

Magally Roca

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

(NOTE: Registered Agent signature required when reinstating)

MARCH 15/2004

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ROCA, GABRIEL**
STREET ADDRESS **14113 SIERRA VISTA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **MGRM** ☐ Delete
NAME **ROCA, MAGALLY**
STREET ADDRESS **14113 SIERRA VISTA DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **ROCA, GABRIEL**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Magally Roca

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

MARCH 15/2004

Date

Daytime Phone #