2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

	ANTIONE I	(<i>!</i>		
DOCUMENT # L03000001872 1. Entity Name				FILED	
W, R&E, LLC				Aug 18, 2008 08:00 AM Secretary of State	
Principal Plac	Mailing Address		.1	_ Secretary or state	
9 E 20TH STREET HIALEAH FL 33010		9 E 20TH STREET HIALEAH FL 33010			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			- 1 1991)914 WA EQUEE WHI WOULD BONK BEAM WARD HERE (SEEN HERE)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			2nd MOORE CR2E083 (4/08)
City & State		City & State			4. FEI Number Applied For Not Applied be
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
FSTRADA, LUIS				INdiffie	
				Street Addr	ess (P.O. Box Number is Not Acceptable)
		,		City	FL Zip Code
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, typograp printed hame of registered agent and title if appreciable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$538.75 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00					
The Company of the Charles of the Company of the Co					
		1.3 mark. (20.00 Circumstrational States)	2.5	ember 3, 200	******** ** * * * * * * * * Company Certifies it dio nut receive prior notice, region
9.	MANAGING MEMI	BERS/MANAGERS	10.	- Oresid i Assido Standi	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITL	.F	Change Addition
NAME	ESTRADA, LUIS		NAN		U000000FT0+0
STREET ADDRESS CITY-ST-ZIP	9 E 20TH STREET			EET ADDRESS Y-S1-ZIP	U00000957918 08/18/08-80008-004 543.75
TITLE	HIALEAH FL 33010	□ Delete			
NAME	MGRM ESTRADA, LUIS JR	∟ Deleie	TITL		Change Addition
STREET ADDRESS	9 E 20TH STREET	•		EET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		CITY	Y-ST-ZIP	
TITLE .	MGRM	☐ Delete	TITL	1	Change Addition
NAME	GARCIA, ROSA		JAA	1	•
STREET ADDRESS	9 E 20TH STREET			EET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP		
TITLE NAME		☐ Delete	TITE		Change Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ Delete	TITL	.E	☐ Change ☐ Addition
NAME			NAN	AE .	
STREET ADDRESS			- 1	EET ADDRESS	
CITY-S1-ZIP			CITY	Y-ST-ZIP	
TITLE MANAGE	☐ Delete		I	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAN STR	NE. IEET ADDRESS	
CITY-ST-ZIP		· ·	Ħ	Y-ST-ZIP	,
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.					

8-5-08 305-885-0731