2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Amended
FILED
04-15-2008 90098 005 ***138.75
08 SEP -2 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500002772

01072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000053115

1. Entity Name
R² CONSTRUCTION GROUP, LLC.

Principal Place of Business	Mailing Address
6326 SW 11TH STREET MIAMI, FL 33144	6326 SW 11TH STREET MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6469 SW 8 Street	6469 SW 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33144 Country: USA	Zip: 33144 Country: USA

4. FEI Number: 20-0639949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, RICHARD M
6326 SW 11TH STREET
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
Street Address (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 X Richard Reyes Mgrm 3/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	REYES, RICHARD M	
STREET ADDRESS	~~6326 SW 11 STREET~~ 6469 SW 8 St.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	MGRM	☐ Delete
NAME	REYES, GIANNA D	
STREET ADDRESS	~~6326 SW 11 STREET~~ 6469 SW 8 St.	
CITY-ST-ZIP	WEST MIAMI, FL 33144	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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10. ADDITIONS/CHANGES

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

11. I hereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X 3/4/08 305-264-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #