

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000057239

1. Entity Name

R&D INVESTMENT GROUP, LLC



FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business

3614 MONSERRATE
CORAL GABLES, FL 33134

Mailing Address

3614 MONSERRATE
CORAL GABLES, FL 33134



07112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1446847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, RENE MGR
3614 MONSERRATE
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOMINGUEZ, RENE
STREET ADDRESS	3614 MONSERRATE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	ST
NAME	DOMINGUEZ, RENE
STREET ADDRESS	3614 MONSERRATE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000954722
07/14/08-80013-007 538.75

**DO NOT WRITE
IN THIS SPACE**

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: *Rene Dominguez*

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

Date

Daytime Phone #

7-11-08 7862862026