

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080740

FILED
Jan 24, 2008
Secretary of State

Entity Name: RODRIGUEZ ENGINEERING, LLC

Current Principal Place of Business:

17803 N.W. 15 STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17803 N.W. 15 STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-1897527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHATCH, JOHN S
C/O GUTTMACHER & BOHATCH, P.A.
2600 DOUGLAS ROAD, PH-8
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALAN BRENT RODRIGUEZ,
Address: 17803 N.W. 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: JENNY ALISON RODRIGU, EZ
Address: 3702 SAN SIMEON CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: KELLY NICOLE RODRIGU, EZ
Address: 9731 NW 32 MANOR
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN RODRIGUEZ

MGRM

01/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date