

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000008344

1. Entity Name
RIGO PROPERTY MANAGEMENT, LLC



Principal Place of Business
1351 N. GOLDENROD RD.
STE. 8
ORLANDO, FL 32807

Mailing Address
1351 N. GOLDENROD RD.
STE. 8
ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE



04042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2228456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABRERA, RIGOBERTO
2926 SUMMER SWAM DR.
ORLANDO, FL 32825

**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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000913095
05/08/08-80002-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRERA, RIGOBERTO 2926 SUMMER SWAM DR. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIGO TILE & MARBLE EXPERTS, INC. 5121 E. COLONIAL DR., STE C ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGRID, PEREZ G 2926 SUMMER SWAM DR. ORLANDO, FL 32825
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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: _____

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

Date

Daytime Phone #