

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90295 046 \*\*\*\*50.00

**DOCUMENT # L05000016288**

1. Entity Name

RENAISSANCE LLC



Principal Place of Business

2821 SW 124 CT  
MIAMI FL 33175

Mailing Address

2821 SW 124 CT  
MIAMI FL 33175



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-4428101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL CAMPO, MARIA A  
3710 SW 121 AVE  
MIAMI FL 33175

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 MARIA A. DEL CAMPO

Signature, typed or printed name of registered agent (and title if applicable).

*[Signature]*

(NOTE: Registered Agent signature required when transferring)

3/6/06

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME JORDAN, LAZARO  
STREET ADDRESS 2821 SW 124 CT  
CITY-ST-ZIP MIAMI FL 33175

TITLE MGR ☒ Change ☐ Addition  
NAME MARIA A. AVICH  
STREET ADDRESS 2821 SW 124 CT  
CITY-ST-ZIP MIAMI, FL 33175

TITLE MGRM ☐ Delete  
NAME AVICH, MARIA A  
STREET ADDRESS 2821 SW 124 CT  
CITY-ST-ZIP MIAMI FL 33175

TITLE MGRM ☒ Change ☐ Addition  
NAME LAZARO JORDAN  
STREET ADDRESS 2821 SW 124 CT  
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

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

3/6/06 (305) 228 8501

Date

Daytime Phone #