

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030613

Entity Name: RP & ASSOCIATES LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

11813 S.W. 95 STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11813 S.W. 95 STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-2611729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORA, MCDOWELL E
11813 SW 95 STREET
MIAMI, FL 33186 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: RESTREPO, MARIO
Address: 9155 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 33104

Title: MGRM () Delete
Name: GARBATI, MARIA
Address: 2600 CARDENA STREET APT. #6
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: RAMIREZ, HILDA R
Address: 9155 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 33104

Title: MGRM () Delete
Name: RESTREPO, DARIO A
Address: 11813 SW 95 STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: MCDOWELL, NORA E
Address: 11813 SW 95 STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: RESTREPO, JOSE H
Address: 11729 SW 95 STREET
City-St-Zip: MIAMI, FL 33186

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:

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: NORA MCDOWELL

MGRM

04/20/2009

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