

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000039392

1. Entity Name  
R & R INVESTMENTS, L.L.C.



Principal Place of Business  
2188 N.W. 25 AVENUE  
MIAMI, FL 33142

Mailing Address  
2188 N.W. 25 AVENUE  
MIAMI, FL 33142



04182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2717280

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RUBEN A JR  
2188 N.W. 25 AVENUE  
MIAMI, FL 33142

**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 \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

000000729028  
05/08/07-80021-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME DIAZ, RUBEN A JR  
STREET ADDRESS 2188 N.W. 25 AVENUE  
CITY-ST-ZIP MIAMI, FL 33142

TITLE MGRM  
NAME CABALLERO, RAFAEL SR  
STREET ADDRESS 07 N 029 WHISPERING TRAILS  
CITY-ST-ZIP ST CHARLES, IL 60174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: \_\_\_\_\_

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

4/19/07

Date

Daytime Phone #