2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000054979

1. Entity Name RONCASCAR, L.L.C.



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

7251 N.W. 113 COURT DORAL ISLES, FL 33178 Mailing Address

7251 N.W. 113 COURT DORAL ISLES, FL 33178



03252008 No Chg-LLC

CR2E083 (12/07)

4 CC(Abaseless	 Applied For
4. FEI Number 51-0545766	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A. 10520 N.W. 26 STREET SUITE C-201 MIAMI, FL 33172

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SIGNATURE	:		
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

<u> 100000888643</u>

04/22/08-80021-025 138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE FERNANDEZ, HENRIQUE NAME STREET ADDRESS 7251 N.W. 113 COURT CITY-ST-ZIP DORAL ISLES, FL 33178 MGRM TITLE FERNANDEZ, JOSEFINA NAME STREET ADDRESS 7251 N.W. 113 COURT CITY-ST-ZIP DORAL ISLES, FL 33178 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

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 1 am a managing member or manager of the limited liability company or the receiver or truettee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

JKE:

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

(305)477 8339

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