

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90077 008 \*\*\*138.75

**DOCUMENT # L05000064960**

1. Entity Name  
**RES AND ASSOCIATES VENTURES, LLC**



Principal Place of Business  
**5250 NORTH KENDALL DRIVE  
CORAL GABLES, FL 33156**

Mailing Address  
**5250 NORTH KENDALL DRIVE  
CORAL GABLES, FL 33156**

**60008258**



2. Principal Place of Business - No P.O. Box #

**8289 SW 173 Terrace**

Suite, Apt. #, etc.

3. Mailing Address

**8289 SW 173 Terrace**

Suite, Apt. #, etc.

02112008 Chg-LLC CR2E083 (12/06)

City & State  
**Palmetto Bay, FL**

City & State  
**Palmetto Bay, FL**

4. FEI Number  
**20-3139330**

Applied For  
Not Applicable

Zip  
**33157**

Country  
**USA**

Zip  
**33157**

Country  
**USA**

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

**SCHUR, ROBERT  
5250 NORTH KENDALL DRIVE  
CORAL GABLES, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

**8289 SW 173 Terrace**

City  
**Palmetto Bay**

FL

Zip Code  
**33157**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCHUR, ROBERT  
5250 NORTH KENDALL DRIVE  
CORAL GABLES, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**8289 SW 173 Terrace  
Palmetto Bay, FL 33157** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:**

*Robert Schur*

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

Date

Daytime Phone #