

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066774

Entity Name: R.S. ORLANDO, LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVE.
STE. 900
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVE.
STE. 900
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 20-3136549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ.
18851 NE 29TH AVE.
STE. 900
AVENTURA, FL 33180 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: MGR () Delete
Name: HORGIAN, FERNANDO
Address: 18851 NE 29TH AVE.
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR () Delete
Name: ROUSSO, MARK E
Address: 18851 NE 29TH AVE.
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR () Delete
Name: SAAL, JOSE NORBERTO
Address: 18851 NE 29TH AVE.
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROTH, LEONARDO A
Address: 18851 NE 29TH AVE.
City-St-Zip: AVENTURA, FL 33180 US

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: FERNANDO HORGIAN

MGR

03/06/2008

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