

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000083843

1. Entity Name

A & R COMMERCIAL INVESTMENTS, LLC



Principal Place of Business

13275 S.W. 136TH STREET
UNIT 1
MIAMI, FL 33186 US

Mailing Address

13951 S.W. 136TH PLACE
MIAMI, FL 33186 US



04032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3360760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTO, BASTORI
13951 S.W. 136TH PLACE
MIAMI, FL 33186

**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**

U00000729808
05/08/07-80055-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BASTORI, ROBERTO
STREET ADDRESS 13951 S.W. 136TH PLACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE MRGM
NAME ABELARDO, BASTORI
STREET ADDRESS 15893 S.W. 84TH STREET
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Roberto Bastori*

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

Date

Daytime Phone #

Abelardo Bastori
4/11/07