2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
04-25-2008 90020 009 ***138.75

DOCUMENT # L05000113444

1. Entity Name
RCC INVESTMENTS, LLC

30007233

04162008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2780 DOUGLAS ROAD, SUITE 204 MIAMI, FL 33133	2780 DOUGLAS ROAD, SUITE 204 MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2780 DOUGLAS ROAD	2780 DOUGLAS ROAD
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33133 Country USA	Zip 33133 Country USA

4. FEI Number 20-3901223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENCIA, OSCAR
2780 DOUGLAS ROAD, SUITE 204
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name OSCAR L. VALENCIA
Street Address (P.O. Box Number is Not Acceptable) 2780 DOUGLAS ROAD
SUITE 100
City MIAMI, FL Zip Code 33133

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] OSCAR L. VALENCIA 4/21/08
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	MGRM	☐ Delete	TITLE	MEMBER (MGRM) ☐ Change ☒ Addition
NAME	VALENCIA, OSCAR L		NAME	PEDRO GALLINAR
STREET ADDRESS	2780 DOUGLAS RD., #204		STREET ADDRESS	2780 DOUGLAS ROAD SUITE 100
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FL. 33133
TITLE		☐ Delete	TITLE	RE: ADDITION
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	Pedro Gallinar
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	is a
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	MGRM
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions c[illegible] indicated on this report is true and accurate and that my signature shall have the same legal eff[illegible] limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] OSCAR VALENCIA 4/21/08 305-443-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #