


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90122 019 ***150.00

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|---|---|
| DOCUMENT # L06000004371 |  |
| 1. Entity Name RENACIMIENTO MC, LLC | |

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| Principal Place of Business 9499 COLLINS AVE UNIT 204 SURFSIDE, FL 33154 | Mailing Address 9499 COLLINS AVE UNIT 204 SURFSIDE, FL 33154 |
|--|--|

60020982



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| 2. Principal Place of Business - No P.O. Box # 150 West Flagler St | 3. Mailing Address 150 West Flagler St. |
| Suite, Apt. #, etc. 2200 | Suite, Apt. #, etc. Suite 2200 |
| City & State Miami, Florida | City & State Miami, Florida |
| Zip 33130 | Country DADE |

03242008 Chg-LLC CR2E083 (12/06)

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|---|--|---|
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MARCO, ZAMBRANO 9499 COLLINS AVE 204 SURFSIDE, FL 33154 | | 7. Name and Address of New Registered Agent Name OWEN S. FREED Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler St. Suite 2200 City Miami FL Zip Code 33130 |

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  **OWEN S. FREED** 2/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOREDA, ANA M 9499 COLLINS AVE SUITE 204 SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRIANA, CARLOS 9499 COLLINS AVENUE, STE 204 SURFSIDE, FLORIDA 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZAMBRANO, MARCO 9499 COLLINS AVE SUITE 204 SURFSIDE, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BARABATO, CARLOS 9499 COLLINS AVE SUITE 204 SURFSIDE, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BARBATO, CARLOS 9499 COLLINS AVENUE, STE 204 SURFSIDE, FLORIDA 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **CARLOS TRIANA** 2/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #