

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 005 ****50.00

DOCUMENT # L06000005602

1. Entity Name
R GROUP CONSTRUCTION, LLC



Principal Place of Business
240 LAKEVIEW DR., STE. 308
WESTON, FL 33326

Mailing Address
240 LAKEVIEW DR., STE. 308
WESTON, FL 33326

60054043



2. Principal Place of Business - No P.O. Box #
4230 GREENBRIAR LANE
Suite, Apt. #, etc.

3. Mailing Address
4230 GREENBRIAR LANE
Suite, Apt. #, etc.

07062007 Chg-LLC CR2E083 (12/06)

City & State
WESTON, Florida
Zip
33331

City & State
WESTON, FLORIDA
Zip
33331

4. FEI Number
20-4126302

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

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET, C201
DORAL, FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RON, ARTURO
STREET ADDRESS 4230 GREENBRIAR LANE
CITY-ST-ZIP WESTON, FL 33331 ☐ Delete

TITLE MGR
NAME MERLINA, BARBARA
STREET ADDRESS 4230 GREENBRIAR LANE
CITY-ST-ZIP WESTON, FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

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

Date

Daytime Phone #

07/27/2007 9546086252