


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90075 024 ***138.75

DOCUMENT # L06000014948 1. Entity Name R & B MEDICAL BUILDING, LLC			
Principal Place of Business 3350 BOCA RATON BOULEVARD, SUITE A-44 BOCA RATON, FL 33431		Mailing Address P.O. BOX 880 BOCA RATON, FL 33429	
2. Principal Place of Business - No P.O. Box # 1915 SW 10th St. Suite, Apt. #, etc.		3. Mailing Address 1915 SW 10th St Suite, Apt. #, etc.	
City & State Boca Raton FL Zip 33486		City & State Boca Raton FL Zip 33486	
4. FEI Number APPLIED FOR 84-170571		Applied For <input checked="" 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 CALIENDO, SAM S 3350 BOCA RATON BOULEVARD, SUITE A-44 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 MGR <input type="checkbox"/> Delete NAME CALIENDO, SAM S STREET ADDRESS 3350 BOCA RATON BOULEVARD, SUITE A-44 CITY - ST - ZIP BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR <input type="checkbox"/> Delete NAME Marta Rendon STREET ADDRESS 1915 SW 10th St. CITY - ST - ZIP Boca Raton, FL 33486	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	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	