

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90042 010 ***143.75

DOCUMENT # L06000017305

1. Entity Name

REYMAR & ASSOCIATES, L.L.C.



Principal Place of Business

2720 SOUTHWEST 97TH AVE. SUITE 201
MIAMI FL 33165

Mailing Address

2720 SOUTHWEST 97TH AVE. SUITE 201
MIAMI FL 33165



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1269508

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, REINALDO
2720 SOUTHWEST 97TH AVE. SUITE 201
MIAMI FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

4155 SW 130th Avenue

Suite 113

City Miami

FL

Zip Code

33175

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 renewing)

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
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
MARTINEZ, REINALDO
2720 SOUTHWEST 97TH AVE. SUITE 201
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4155 Southwest 130th Avenue, Suite 113
Miami, FL 33175

☒ Change ☐ Addition

TITLE
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CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

3-24-08 305-223-2434