

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

04-23-2008 22:003 ***50.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 15 PM 2:59

DOCUMENT # L06000021316

1. Entity Name
R & G PROPERTIES, LLC



Principal Place of Business
5411 N. UNIVERSITY DRIVE
SUITE 202
CORAL SPRINGS, FL 33067

Mailing Address
5411 N. UNIVERSITY DRIVE
SUITE 202
CORAL SPRINGS, FL 33067

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

3. Mailing Address

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
51-0569807

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

ARKIVA, INC.
5411 N. UNIVERSITY DRIVE
SUITE 202
CORAL SPRINGS, FL 33067

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROBERSON, BRUCE
5411 N. UNIVERSITY DRIVE, SUITE 202
CORAL SPRINGS, FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOLDBERG, KENNETH
5411 N. UNIVERSITY DRIVE, SUITE 202
CORAL SPRINGS, FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Cindy Roberson
5411 N. University DR, #202
Coral Springs, FL 33067 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Jodi Goldberg
5411 N. University DR, #202
Coral Springs, FL 33067 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 #