

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000032939

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** RITON, LLC.

**Current Principal Place of Business:**

4011 W. FLAGLER ST.  
SUITE # 404  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

4011 W. FLAGLER ST.  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

4011 W. FLAGLER ST.  
SUITE # 404  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

PO BOX 143957  
CORAL GABLES, FL 33114 US

**FEI Number:** 20-4610235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

G5 ENTERPRISE, INC.  
4011 W. FLAGLER ST.  
SUITE # 404  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CARRENA, LEOPOLDO  
**Address:** 301 NW 84TH CT.  
**City-St-Zip:** MIAMI, FL 33126 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LEOPOLDO CARRENA

MGRM

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date