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

## Feb 12, 2008 8:00 am DOCUMENT # L06000038718 **Secretary of State** 1. Entity Name 02-12-2008 90065 042 \*\*\*138.75 REN-MAR INVESTMENTS, LLC Principal Place of Business Mailing Address 11303 N.W. 9TH STREET 11303 N.W. 9TH STREET PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 02-0777718 Not Applicable Zip Zip Couritry \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNOZASERAFINA R 11303, N.W. 9TH STREET PLANTATION FL 33325 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 ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 MGRM TITLE ☐ Delete Change ☐ Addition NAME MUNOZ, SERAFIN R NAME STREET ADDRESS 11303 N.W. 9TH STREET STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-Z/P TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete THE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CHY-ST-7IP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 11. Thereby 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.

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