


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/11/2007-90036-001-\$100.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:53

DOCUMENT # L06000053697		
1. Entity Name RENALDO #3, LLC		

Principal Place of Business 1128 ROYAL PALM BEACH BOULEVARD 227 ROYAL PALM BEACH, FL 33411 US	Mailing Address 1128 ROYAL PALM BEACH BOULEVARD 227 ROYAL PALM BEACH, FL 33411 US
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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



08282007 Chg-LLC CR2E083 (12/06)

4. Fee Number 20-4938502	Applied For <input checked="" type="checkbox"/> Not Applicable
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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	
RENALDO, DANIEL 1128 ROYAL PALM BEACH BOULEVARD 227 ROYAL PALM BEACH, FL 33411		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 *Daniel Renaldo* *President* 9-2-07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENALDO, DANIEL 1128 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Daniel Renaldo* 9-2-07 561-798-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #