

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90269 003 ***138.75

60014474



DOCUMENT # L06000059991 1. Entity Name RG & I INVESTMENTS, L.L.C.					
Principal Place of Business 12411 HOLLY JANE CT ORLANDO, FL 32824			Mailing Address 52 PINE CT ISLANDIA, NY 11749		
2. Principal Place of Business - No P.O. Box # 10151 STRAFFORD PINE AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State ORLANDO, FLORIDA		City & State ORLANDO, FL			
Zip 32832		Country ORANGE		Zip 32	
4. FEI Number 27-0144374		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MENENDEZ, ITER 12411 HOLLY JANE CT ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name: ITER MENENDEZ Street Address (P.O. Box Number is Not Acceptable): 10151 STRAFFORD PINE AVE City: ORLANDO FL Zip Code: 32832		
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: <u>ITER MENENDEZ</u> DATE: <u>3/10/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR MENENDEZ, ITER 12411 HOLLY JANE CT ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORAN, GLORIA 12411 HOLLY JANE CT ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>ITER MENENDEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/10/08 646-552-4429 <small>Date Daytime Phone #</small>		