

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000062481

1. Entity Name
RIVERO & RODRIGUEZ INT. HOLDINGS, LLC



Principal Place of Business
7190 SW 76 STREET
MIAMI, FL 33143

Mailing Address
7190 SW 76 STREET
MIAMI, FL 33143

BK

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

7302 SW 122 CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33183

Country

US

Zip

33183

Country

US

06072007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, FERNANDO
7302 SW 122 COURT
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name FERNANDO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

7302 SW 122 CT

City MIAMI

FL

Zip Code 33183

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 reinstating)

DATE

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

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RODRIGUEZ, FERNANDO
STREET ADDRESS 7190 SW 76 STREET
CITY-ST-ZIP MIAMI, FL 33143

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

6/7/07

200104254192
06/12/07--01008--006 **50.00

FILED
07 JUN -8 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

