

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

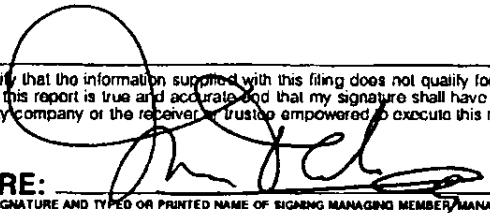
FILED
Jul 11, 2007 8:00 am
Secretary of State

05-14-2007 90361 035 *****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000066675					
1. Entity Name ROBAINA INVESTMENTS LLC					
Principal Place of Business 9430 S.W. 29 TERRACE MIAMI FL 33165			Mailing Address 9430 S.W. 29 TERRACE MIAMI FL 33165		
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	4. FEI Number 71-1608539	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBAINA, ERICK 9430 S.W. 29 TERRACE MIAMI FL 33165				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME				
NAME	ROBAINA, ERICK				
STREET ADDRESS	9430 S.W. 29 TERRACE				
CITY- ST- ZIP	MIAMI FL 33165				
	☐ Delete				
TITLE	NAME				
NAME	ROBAINA, MARIANA				
STREET ADDRESS	9430 S.W. 29 TERRACE				
CITY- ST- ZIP	MIAMI FL 33165				
	☐ Delete				
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Delete				
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Delete				
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Delete				
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Change ☐ Addition				
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Change ☐ Addition				
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Change ☐ Addition				
TITLE	NAME				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
	☐ Change ☐ Addition				
11. I hereby 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date 4/30/07 # 786-236-194	
				Daytime Phone #	