

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90047 003 \*\*\*143.75

**DOCUMENT # L06000073409**

1. Entity Name  
**R S P F F, LLC**



Principal Place of Business  
**9400 S.W. 40 STREET  
MIAMI, FL 33165**

Mailing Address  
**9400 S.W. 40 STREET  
MIAMI, FL 33165**



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5256005**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RICHTER, JOSE A  
9400 SW 40 ST  
MIAMI, FL 33155**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHTER, JOSE A 9400 S.W. 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IMPEROTORI, FERNANDO 9400 S.W. 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IMPEROTORI, GIUSEPPE 9400 S.W. 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PDV FUTURE, CORP. 9400 S.W. 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R S MERIDA, CORP. 9400 S.W. 40 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #