

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90146 004 \*\*\*\*50.00

**DOCUMENT # L06000096417**

1. Entity Name  
RYM INVESTMENTS, LLC



Principal Place of Business  
9092 NW SOUTH RIVER DR.  
STE39  
MEDLEY, FL 33166 US

Mailing Address  
9092 NW SOUTH RIVER DR.  
STE39  
MEDLEY, FL 33166 US

60010173



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

7807 NW 72nd Ave  
Suite, Apt. #, etc.

3. Mailing Address

7807 NW 72nd Ave  
Suite, Apt. #, etc.

01212007 Chg-LLC CR2E083 (12/06)

City & State  
Medley, FL 33166

City & State  
Medley, FL

4. FEI Number  
20-5644641

Applied For  
Not Applicable

Zip  
33166

Country  
US

Zip  
33166

Country  
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ROBERTO JR.  
9092 NW SOUTH RIVER DR.  
STE 39  
MEDLEY, FL 33166

7. Name and Address of New Registered Agent

Name

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

7807 NW 72nd Ave

City

Medley

FL

Zip Code

33166

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 reinstalling)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HERNANDEZ, ROBERTO JR.  
9092 NW SOUTH RIVER DR, STE 39  
MEDLEY, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
7807 NW 72nd Ave  
Medley, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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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 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 #