

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000102084

1. Entity Name
R & S OF SOUTH FLORIDA MANAGEMENT GROUP, LLC



Principal Place of Business
6651 LAKE BLUE DRIVE
MIAMI LAKES, FL 33014 US

Mailing Address
6651 LAKE BLUE DRIVE
MIAMI LAKES, FL 33014 US



01152008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-5736405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRASQUILLO, ROBERT
6651 LAKE BLUE DRIVE
MIAMI LAKES, FL 33014

**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
MGMR
CARRASQUILLO, ROBERT
6651 LAKE BLUE DRIVE
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARRASQUILLO, SARAH H
6651 LAKE BLUE DRIVE
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

MGMR ROBERT CARRASQUILLO 01-15-08