

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000118

Entity Name: R&G CONSULTING LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

10885 NW 50 ST
SUITE 306
DORAL, FL 33178

New Principal Place of Business:

4995 NW 72ND AVE
SUITE 205
MIAMI, FL 33166

Current Mailing Address:

10885 NW 50 ST
SUITE 306
DORAL, FL 33178

New Mailing Address:

4995 NW 72ND AVE
SUITE 205
MIAMI, FL 33166

FEI Number: 20-5932369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAZ, ROBERTO
10885 NW 50 ST
SUITE 306
DORAL, FL 33178 US

Name and Address of New Registered Agent:

PAZ, ROBERTO
4995 NW 72ND AVE
SUITE 205
MIAMI, FL 33166 US

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.

SIGNATURE: ROBERTO PAZ

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAZ, ROBERTO
Address: 10885 NW 50 ST # 306
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: PORTILLO, GISESBEL
Address: 10885 NW 50 ST # 306
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: PAZ, ROBERTO
Address: 4995 NW 72ND AVE #205
City-St-Zip: MIAMI, FL 33178

Title: VP (X) Change () Addition
Name: PORTILLO, GISESBEL
Address: 4995 NW 72ND AVE #205
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTO PAZ

P

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date