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		REPORT	MPANY	<b>/</b>	ı <b></b>	OB APP	VE.	^	ţ	
DOCUMENT # L0700003873  1. Entity Name R&B INVESTMENT GROUP LLC					747	OB APR I	OF S! 2.	<b>)</b> >		
1 .	ce of Business H BAYSHORE DRIVE, STE 703 33133	Malling Address 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133		E 703	(49999999)			<b>               </b>	Iti ah 1001	
Principal Place of Business - No P O Box #     Suite, Apt #, etc		3. Mailing Address  Suite, Apt #, etc			04142008	Chg-LLC	CR2E083 (	12/06)		
. City & State		City & State			4. FEI Number 20-821	<u> </u>		Арр	lied For Applicable	
Zip	Country  6. Name and Address of Current	Zip	Country			Status Desired	Fee	00 Addit Required		
WORLD CORPORATE SERVICES, INC 2665 SOUTH BAYSHORE DRIVE, STE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable)						
			Cit	у			FL	eboO qi		
	named entity submits this statement to ions of registered agent Signature typed or printed name of registered agent		s registered offi TE: Registered Agent				rida I am famili DATE		nd accept	
After May	NOW!!! FEE IS \$138.75		10.			Make	check payab Department o	le to		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE BHAKTA, RAVI 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDR	1	2	00123	89 83	72	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHAKTA, BHARAT 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDR		04/17 	7/080103 9 <b>9.1.23</b>	4001 <sup>0</sup> <del>8986</del>		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALMOLIN, JUSTIN 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	⊠ Detete	THILE NAME STREET ACOR CITY-ST-ZIP	26	lchez,	Carlos ayshore			Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			•		hange (	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delele	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS				range [	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				c		Addition	
11. Thereby certify that the information supplied with this filling 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  Vilchez										
SIGNAT	SIGNATURE: 04/15/08 305-357-5600 SIGNATURE ANDITYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Dayline Phora 8									