

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90308 018 ***138.75

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04122008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8310458** Applied For ☐ Not Applicable

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

DOCUMENT # L07000008437

1. Entity Name
R & M WIRING SUPPLY, LLC



Principal Place of Business
**11577 NE 18TH DRIVE
NORTH MIAMI, FL 33181**

Mailing Address
**11577 NE 18TH DRIVE
NORTH MIAMI, FL 33181**

2. Principal Place of Business - No P.O. Box #
1251 NE 108 ST

3. Mailing Address
1251 NE 108 ST

Suite, Apt. #, etc.
#414

City & State
NORTH MIAMI FL

Zip
33161

Country

6. Name and Address of Current Registered Agent
**MELENDEZ, REINALDO J
11577 NE 18TH DRIVE
NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent
Name **Mendez Reinaldo J**
Street Address (P.O. Box Number is Not Acceptable)
1251 NE 108 ST #414
City **North Miami** FL Zip Code **33161**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELENDEZ, REINALDO J 11577 NE 18TH DRIVE NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MGR** **04/12/2008** **7863550828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #