


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State


04-23-2008 90125 043 ***138.75

DOCUMENT # L07000013312	
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1. Entity Name RESA, LLC	Principal Place of Business 10399 SW 88TH STREET APT # AA5 MIAMI, FL 33176 US	Mailing Address 10399 SW 88TH STREET APT # AA5 MIAMI, FL 33176 US
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2. Principal Place of Business - No P.O. Box # 3750 NW 87th Ave	3. Mailing Address Suite, Apt. #, etc.
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City & State Miami, FL	City & State
Zip 33178	Country U.S.A.

	
04182008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-8428690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BURGOS, ELIEZER O 5044 SW 164TH AVENUE MIRAMAR, FL 33027	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Eliezer O. Burgos DATE 4/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANGINES, REYNALDO 10399 SW 88TH STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: REYNALDO SANGINES DATE 4/18/08 DAYTIME PHONE # 786 315 0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE