2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2008
Secretary of State

DOCUMENT# L07000019868

Entity Name: R.N.C.L. LLC

Current Principal Place of Business:

2029 VININGS CIR
407
WELLINGTON, FL 33414 US

New Principal Place of Business:

1502 WINDSHIP CIRCLE
WELLINGTON, FL 33414 US

Current Mailing Address:

2029 VININGS CIR
407
WELLINGTON, FL 33414 US

New Mailing Address:

1502 WINDSHIP CIRCLE
WELLINGTON, FL 33414 US

FEI Number: 20-8517736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAJIAO, RAUL
2029 VININGS CIR
407
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

CAJIAO, RAUL
1502 WINDSHIP CIRCLE
WELLINGTON, FL 33414 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: RAUL CAJIAO 03/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAJIAO, RAUL
Address: 2029 VININGS CIR #407
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Delete
Name: CAJIAO, NOHORA C
Address: 2029 VININGS CIR #407
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAJIAO, RAUL
Address: 1502 WINDSHIP CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAUL CAJIAO MMGR 03/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date