

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037995

Entity Name: RMAB1529, LLC

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

10710 NW 66TH STREET
309
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

10710 NW 66TH STREET
309
MIAMI, FL 33178

New Mailing Address:

1985 NW 88 COURT
SUITE 101
DORAL, FL 33172

FEI Number: 20-8964732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS DE BRUNO, ROSA MARIE
10710 NW 66TH STREET
309
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARIAS DE BRUNO, ROSE MARIE
Address: 10710 NW 66TH STREET #309
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: BRUNO CERCHIONE, BERNARDINO
Address: 10710 NW 66TH STREET #309
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: BRUNO ARIAS, MARIA E
Address: 10710 NW 66TH STREET #309
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

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

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

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: ROSE MARIE ARIAS DE BRUNO

MGR

04/03/2009

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