


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90123 008 ***143.75

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DOCUMENT # L07000083564 1. Entity Name RG RESIDENCIAL SERVICES LLC					
Principal Place of Business 5332 JUBILEE WAY MARGATE, FL 33063			Mailing Address 5332 JUBILEE WAY MARGATE, FL 33063		
2. Principal Place of Business - No P.O. Box # 5332 JUBILEE WAY Suite, Apt. #, etc.		3. Mailing Address 5332 JUBILEE WAY Suite, Apt. #, etc.			
City & State MARGATE FL		City & State MARGATE FL		4. FEI Number 26 0747741	
Zip 33063		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GODOY, RODRIGO 5332 JUBILEE WAY MARGATE, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 GODOY, RODRIGO 5332 JUBILEE WAY MARGATE, FL 33063 <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: <i>Rodrigo de Godoy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			02/02/08 (754) 235-7836 <small>Date Daytime Phone #</small>		