

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90224 031 ***138.75

DOCUMENT # L07000097366					
1. Entity Name RIMAR INVESTMENTS, LLC					
Principal Place of Business 10910 CAMERON COURT APT. # 206 DAVIE, FL 33324 US			Mailing Address 10910 CAMERON COURT APT. # 206 DAVIE, FL 33324 US		
2. Principal Place of Business - No P.O. Box # 14700 KIRSTEN COURT Suite, Apt. #, etc.		3. Mailing Address 14700 KIRSTEN CT Suite, Apt. #, etc.			
City & State DAVIE, FL		City & State DAVIE, FL		4. FEI Number 51-0648496	
Zip 33325		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRINCE A. DONNAHOE IV, P.A. 1333 S. UNIVERSITY DRIVE SUITE 210 PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOPEZ, JOSE R	NAME	14700 KIRSTEN COURT		
STREET ADDRESS	14700 KIRSTEN COURT	STREET ADDRESS	DAVIE, FL. 33325		
CITY-ST-ZIP	DAVIE, FL 33325	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROLDAN, MARTHA	NAME			
STREET ADDRESS	10910 CAMERON COURT, APT. #206	STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS	10910 CAMERON CT. APT. #206	STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL. 33324	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			Date: 3-4-08		Daytime Phone #: 954-495-0468
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					