

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000018339

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** RIOS, RINCON & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

17913 NW 7TH STREET SUITE #103  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

12701 S. JOHN YOUNG PKWY #213  
ORLANDO, FL 32837

**Current Mailing Address:**

17913 NW 7TH STREET SUITE #103  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 26-4326202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RIOS, LEOPOLDO J  
CPC ACCOUNTING SERVICES  
17913 NW 7TH STREET SUITE # 103  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

CPC ACCOUNTING SERVICES  
17913 NW 7TH STREET SUITE # 103  
PEMBROKE PINES, FL 33029 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: CPC ACCOUNTING SERVICES

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROKREM CORP  
Address: 17913 NW 7TH STREET SUITE #103  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR  
Name: RIOS, LEOPOLDO  
Address: 17913 NW 7TH STREET SUITE #103  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR  
Name: RINCON, NERIO  
Address: 17913 NW 7TH STREET SUITE #103  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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: LEOPOLDO RIOS

MGR

05/03/2010

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