

MID 000003200

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

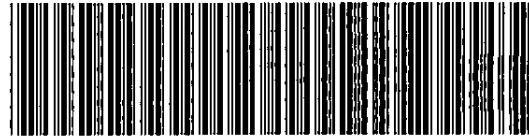
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G. MCLEOD

JAN - 5 2011

EXAMINER



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LR THEATERS LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DIEGO RIMOCH**

Name of Person

**LR THEATERS LLC**

Firm/Company

**777 GLADES RD, BUILDING CU-97**

Address

**BOCA RATON FL 33431**

City/State and Zip Code

**diego@livingroomtheaters.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Diego Rimoch**

Name of Person

at ( **561** )

**549 2600**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LR THEATERS LLC
2. This entity was formed under the laws of: State of Delaware
3. This entity was authorized to transact business in Florida on July 21, 2010 and its Florida document/registration number is M10000003200
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RIMOCH-LEWINBERG, ERNESTO  
921 SW WASHINGTON ST STE 220  
PORTLAND OR 97205

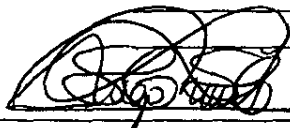
MGRM

RIMOCH-SARAGA, DIEGO  
921 SW WASHINGTON ST STE 220  
PORTLAND OR 97205

MGRM

SARAGA-BRONSTEIN, EVA  
921 SW WASHINGTON ST STE 220  
PORTLAND OR 97205

Required Signature:

  
(Signature of Manager, Managing Member or Member)

Filing Fee: \$25

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