

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000075588

**Entity Name:** RG OFFICES, LLC

**Current Principal Place of Business:**

1110 BRICKELL AVE  
SUITE 402  
MIAMI, FL 33131

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**7287183483CC**

**Current Mailing Address:**

1110 BRICKELL AVE  
SUITE 402  
MIAMI, FL 33131 US

**FEI Number:** 20-3268320

**Certificate of Status Desired:** No

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

REINA, GUILLERMO  
1110 BRICKELL AVENUE  
402  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name REINA, GUILLERMO  
Address 1110 BRICKELL AVENUE , SUITE 402  
City-State-Zip: MIAMI , FL 33131

Title MGRM  
Name RESTREPO, MONICA  
Address 1110 BRICKELL AVENUE , SUITE 402  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name REINA, NANCY  
Address 1110 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY REINA

**OFFICER**

**04/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date