

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007499

Entity Name: RAGOS CONSTRUCTION, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

384 COCONUT CIRCLE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

384 COCONUT CIRCLE  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 05-0596057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, FABIO  
384 COCONUT CIRCLE  
WESTON, FL 33326 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOMEZ, FABIO  
Address: 384 COCONUT CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: RAMIREZ, HEMEL  
Address: 15572 SW 112 TERRACE  
City-St-Zip: MIAMI, FL 33326

Title: MGR ( ) Delete  
Name: HEMEL, RAMIREZ JR  
Address: 15770 SOUTHWEST 104 TERRACE  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HEMEL, RAMIREZ JR  
Address: 15573 SW 113 ST  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HEMEL RAMIREZ

MGR

04/15/2009

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