

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053882

Entity Name: RAFAEL A. RAMOS, LLC

FILED  
Apr 19, 2009  
Secretary of State

**Current Principal Place of Business:**

916 SE 4TH PLACE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

916 SE 4TH PLACE  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number: 20-4891441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAMOS, KAREN A  
916 SE 4TH PLACE  
CAPE CORAL, FL 33990 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: MGRM ( ) Delete  
Name: RAMOS, KAREN A  
Address: 916 SE 4TH PL  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM ( ) Delete  
Name: RAMOS, RAFAEL A  
Address: 916 SE 4TH PL  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

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

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

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: RAFAEL A RAMOS

MGRM

04/19/2009

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