

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000056180

1. Entity Name
RACOR, LLC



Principal Place of Business
C/O RAMON CORONA, MANAGER
6834 SUNRISE DRIVE
CORAL GABLES, FL 33133

Mailing Address
C/O RAMON CORONA, MANAGER
6834 SUNRISE DRIVE
CORAL GABLES, FL 33133



03022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0660835

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORONA, RAMON M
6834 SUNRISE DRIVE
CORAL GABLES, FL 33133

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000456117
03/16/06-80013-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CORONA, RAMON
STREET ADDRESS	6834 SUNRISE DRIVE
CITY- ST- ZIP	CORAL GABLES, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-28-06 (305) 793-5591