

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110141

FILED
Sep 09, 2009
Secretary of State

Entity Name: THREE RAPPS, LLC

Current Principal Place of Business:

150 OVERLOOK CIRCLE
NEW ROCHELLE, NY 10804 US

New Principal Place of Business:

Current Mailing Address:

150 OVERLOOK CIRCLE
NEW ROCHELLE, NY 10804 US

New Mailing Address:

FEI Number: 26-3999285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRIEDMAN & FROST, P.L.
1111 BRICKELL AVENUE
SUITE 2050
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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAPP, JOHN
Address: 150 OVERLOOK CIRCLE
City-St-Zip: NEW ROCHELLE, NY 10804

Title: MGRM () Delete
Name: RAPP, GARETT V
Address: 12 RICHARDS WAY
City-St-Zip: SACO, ME 04072

Title: MGRM () Delete
Name: RAPP, BRIAN S
Address: 17 FOX STREET
City-St-Zip: PORTLAND, ME 04104

ADDITIONS/CHANGES:

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

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: MAYER GINDOFF

CPA

09/09/2009

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