2001	UNIFORM BUS	INESS REPO	URT	(UBR)						
DOCUN 1. Entity Name		00002606								
RACMVEHICLE, LLC						FILED				
						01 FEB 27 PM 8: 46				
Principal Place of Business Mailing Address 6331 S. TEX PT. 6331 S. TEX PT.										
HOMOSASSA FL 34448 HOMOSASSA FL 34448						SECRETA TALLAHA	SSEE, FLO	RIDA	DIAN BALL ZRIA	
2. Principal Place of Business 3. Mailing Address					_					
						DO NOT WORK IN THIS COVCE				
Suite, Apt. #		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied Not Ap		plied For t Applicable			
Zip Country		Zip	Count	Country		icate of Status Desired		\$5.00 Addi Fee Required		
	6. Name and Address of Currer			· Name	7. Name	and Address of Nev	v Registered A			
CORNS, RI	CHARD A	in kina i gentakan managar Tanggar	• •		· · · · · · · · · · · · · · · · · · ·	h	LI-X			
6331 S. TEX PT.				Street Addre	ss (P.O. Box N	umber is Not Accepta	DIE)			
HOMOSAS	SA FL 34448	. •		City			FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing it										
8. The above r	named entity submits this statement	for the purpose of changing its	s registere	ed office or regi	stered agent, o	or both, in the State of	riorida.			
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registere	d Agent signature red	uired when reinstati	ng)	DATE			
		FILE N	OW!!! I	FEE IS \$50.0	00					
	•	Make Check Pr								
9.	MANAGING MEM	BERS/MEMBERS	10.			ADDITIO	NS/CHANGES			
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NAME STREET ADDRESS	RICHARD A. C. 6331 S. TEX P. HOMOSASSA, F.	TO TO THE TOTAL PROPERTY OF THE PARTY OF THE	STRE	ET ADDRESS	•	•				
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NAME STREET			NAM STRE	E ET ADDRESS		,			:	
CITY-ST-2IP			CITY	-ST-ZIP				att at 1		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 MEDIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Dayline Phone #										