

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000008674

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: RAFOOL FAMILY IMPORTS, L.L.C.

**Current Principal Place of Business:**

1519 3RD STREET, S.E.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7286  
WINTER HAVEN, FL 338837286

**New Mailing Address:**

FEI Number: 59-3723235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAFOOL II, RAYMOND J  
1519 3RD STREET SE  
WINTER HAVEN, FL 33880      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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: RAFOOL II, RAYMOND J  
Address: PO BOX 7286  
City-St-Zip: WINTER HAVEN, FL

Title: MGRM ( ) Delete  
Name: RAFOOL, CHRISTIAN B  
Address: PO BOX 7286  
City-St-Zip: WINTER HAVEN, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: DONOHUE, PETER S  
Address: 116 LONGO DRIVE  
City-St-Zip: AVONDALE, PA 19311

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND RAFOOL

MGRM

04/21/2003

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