LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 02000002333



FILED Feb 14, 2003 8:00 am Secretary of State

Daytime Phone #

1. Entity Name RAJOMA	LLC		02-14-2003 9006	6 019 ****55.00
DO NOT WRITE	IN THIS SPA	ACE		
2. Principal Place of Business 12241 NW Z6 STREET 12241 NW Z6 STREET Suite, Apt. #, etc.		26 STREET	DO NOT WRITE IN THIS S	SPACE
PLANTATION FL.	PLANTATION	FL	1. FEI Number 364 1599	Applied For Not Applicable
33323 BrowARD.	Zin _	Country BROWARD.		\$5.00 Additional Fee Required
13.53.200	and the second	(SSC/SSC)	7. Name and Address of Current Registered	
PO NOT VAIDITE			FIDNER, HICARDO L	
			P.O. Box Number is Not Acceptable)	
IN THIS SPACE 1724				
		CityPLA	NTATION FL	- Zp Sog 323
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. Ricanjo Selbuera 02/12/03.				
SIGNATURE Signature, typed or printed name of registered agent	and title if additionable.	DEIDNE'S	DATE	
Square, yet of prince training registrate	FF Make Check Payable	E IS \$50.00 to Florida Departme JE BY MAY 1	nt of State	
9. MANAGING MEMBI	ERS/MANAGERS	Company New York and Art	(g) (1) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	5
NAME STREET ADDRESS CITY-ST-ZIP NG RM RICATZDO L SEIDN R		NAME STREET ADDRESS GITY-ST-ZP		John Deadle
HILE MGRM. HAME ADRIANA ISAACS STREET ADDRESS 12241 NW 26 STREET CITY-ST-ZIP PLANTATION, FL 33323		TITLE ANAME STREET ADDRESS GITY-ST-7IP		Ö
TITLE NAME STREET ADDRESS CITY-ST-2IP		NAME STREET ADDRESS CRY - ST - 789	DO NOT WR	Charles on the Contract of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	GE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HAME STREET ADDRESS CITY-ST-789		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY: ST-ZP		
11. I hereby certify that the information supplied with this fitting 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 eath; 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. Alicability Company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				