

**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	<b>MGRM</b>
NAME	<b>CORONA, RAMON</b>
STREET ADDRESS	<b>6834 SUNRISE DRIVE</b>
CITY- ST- ZIP	<b>CORAL GABLES, FL 33133</b>

TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE  
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

**2-28-06 (305) 793-5591**

Date

Daytime Phone #