

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90153 013 \*\*\*\*50.00

20006288



01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1149220** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒

DOCUMENT # L04000033711

1. Entity Name  
RAPHY, L.L.C.



Principal Place of Business  
7480 WEST COMMERCIAL BLVD  
TAMARAC, FL 33319

Mailing Address  
7480 WEST COMMERCIAL BLVD  
TAMARAC, FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MANES, MICHAEL B  
633 SOUTH FEDERAL HIGHWAY, STE. 300A  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name **LEONARD LESK**

Street Address (P.O. Box Number is Not Acceptable)

**7732 NW 78th PLACE**

City **TAMARAC**

FL

Zip Code **33321**

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 of the person who is the 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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME OZERY, AMIR  
STREET ADDRESS 7480 WEST COMMERCIAL BLVD  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME CHAKCHAKOV, PINCHAS  
STREET ADDRESS 7480 WEST COMMERCIAL BLVD  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME PRESSER, RUEVEN  
STREET ADDRESS 7480 WEST COMMERCIAL BLVD  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MAIMONI, YORAM  
STREET ADDRESS 7480 WEST COMMERCIAL BLVD  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #