

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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



02072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1149220

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESK, LEONARD
7732 NW 78TH PLACE
TAMARAC, FL 33321

**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**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000458143
03/17/06-80031-009 150.00

**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

Date

Daytime Phone #