

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90321 012 ****50.00

20050136



06092005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000035016

1. Entity Name
RACAS HOLDING S.A. LLC



Principal Place of Business
**8900 SW 117 AVENUE
C - 101
MIAMI, FL 33186 US**

Mailing Address
**8900 SW 117 AVENUE
C - 101
MIAMI, FL 33186 US**

2. Principal Place of Business
**18181 NE 31 CT
Ste 207
N. Miami Beach FL**

3. Mailing Address
**18181 NE 31 CT
Ste 207
N. Miami Beach FL**

4. Filing Number
20-1094374

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

6. Name and Address of Current Registered Agent
**BARCELO, BORIS E
8900 SW 117 AVENUE
C - 101
MIAMI, FL 33186**

7. Name and Address of New Registered Agent
**Name: Boris E. Barcelo
Street Address (P.O. Box Number is Not Acceptable):
18181 NE 31 CT Ste 207
City: N. Miami Beach FL Zip Code: 33160**

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]* DATE: *[Date]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, RAFAEL E P 8900 SW 117 AVENUE # C-101 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alvarez Rafael EP 18181 NE 31 CT Ste 207 N Miami Beach FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **6/9/05 (305) 401-9883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE