

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000049301

1. Entity Name
RAG ENTERPRISES, LLC



Principal Place of Business

**15511 N FLORIDA AVE
STE D
TAMPA, FL 33613**

Mailing Address

**P.O. BOX 341435
TAMPA, FL 33694**

DO NOT WRITE IN THIS SPACE



04222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1332528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROLAND, DOUGLAS C
500 E. KENNEDY BLVD., STE. 200
TAMPA, FL 33602**

**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	MGRM
NAME	ANDUJAR, ROBIN
STREET ADDRESS	148 KEARNY AVE
CITY-ST-ZIP	PERTH AMBOY, NJ 08861

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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05/09/06-80040-023 50.00

**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 register of trustees 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 #

EXT 23