

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055689

FILED
Aug 05, 2007
Secretary of State

Entity Name: RASI, LLC

Current Principal Place of Business:

438 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

438 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-1417294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

O'BRIEN, DERMOT
438 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MNGR () Delete
Name: OBRIEN, DERMOT
Address: 438 SAVOIE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MNGR () Delete
Name: OBRIEN, GEORGIA
Address: 438 SAVOIE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DERMOT OBRIEN

MR

08/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date