

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089239

Entity Name: READI RAD, LLC

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

2200 KINGS HIGHWAY 3-L, 12
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 496515
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 20-2026870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, DENNIS E
3194 SUNRISE TR
PORT CHARLOTTE, FL 33949 US

Name and Address of New Registered Agent:

KING, DENNIS E
2200 KINGS HIGHWAY
3-L 12
PORT CHARLOTTE, FL 33980 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:

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KING, DENNIS E
Address: PO BOX 496515
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGR () Delete
Name: JAKOBSON, PEETER
Address: PO BOX 496515
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGR () Delete
Name: SCHERER, JAMES L
Address: PO BOX 496515
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGR () Delete
Name: ROCA, MARGO
Address: PO BOX 496515
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGR () Delete
Name: MAURER, JAMES W
Address: PO BOX 496515
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: MGR () Delete
Name: TUFARIELLO, DANIEL V
Address: PO BOX 496515
City-St-Zip: PORT CHARLOTTE, FL 33949

ADDITIONS/CHANGES:

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

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

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

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

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

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

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: ALBERTO RIGHI

MGR

02/09/2009

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