FILED Feb 27, 2006 8:00 am Secretary of State 01-30-2006 90150 004 ****50.00

DOCOMENT # L0300000 1. Entity Name RAPPS, LLC	1903						
Principal Place of Business 4158 AUSTON WAY PALM HARBOR, FL 34685	AUSTON WAY 4158 AUSTON WAY						
2. Principal Place of Business 3. Mailing Address		· · - ·					
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>	01172006	Chg-LLC	CR2E083 (11/05)	
City & State	y & State City & State		4. FEI Numb	21109 49			plied For t Applicable
Zip Country	Zip	Country		e of Status Desired	□ \$5. Fee	00 Add Required	itional t
6. Name and Address of Curre	nt Registered Agent		7. Name an	d Address of New R	egistered Agen	4	
DYER, ROBERT C JR 4158 AUSTON WAY PALM HARBOR, FL 34685		Street Address	s (P.O. Box Numl	per is Not Acceptable))		
.,		City			FL	Zip Code	,
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its r	egistered office or regist	ered agent, or b	oth, in the State of Flo		iar with,	and accept
SIGNATURE Spette, typed or printed name of registered age	71575	Registered Agent signature minute			DATE		
Signature, lébes de busine usus ou défentant situ	PER BET REPORTED (POIS	Helicina Adels in the series	en men ieranafi		LAIR		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State					
9. MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/	CHANGES		
ITTLE MGRM NAME DYER, ROBERT C JR STREET ADDRESS 4158 AUSTON WAY	☐ Delicts	TITLE MANE STREET ADDRESS				Change	Addition
CITY-ST-ZIP PALM HARBOR, FL 34685		CITY-ST-ZIP				_	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE HAME STREET ADDRESS CITY-SI-ZIP			IJ	Change	Addition
CITY-S1-ZIP TITLE NAME	☐ Deleta	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	_	STREET ADDRESS CITY-ST-ZIP					
TITLE - =	Dobite -	TITLE NAME STREET ADDRESS CITY-ST-ZP	~		-0	Change _	— ☐ Addition ~
TITLE NAME STREET ACCRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			O	Change	Addition
TITLE NAME	☐ Delcta	TITLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					1
STRET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied vindicated on this report is true and accurate a limited liability company or the receiver or true SIGNATURE:	ind that my signature shall have t	he same legal effect as il	i made under oat	th; thái i am a manag i Statutes.	orther certify that ging member or	manage	r of the





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

RAPPS, LLC 4158 AUSTON WAY PALM HARBOR, FL 34685

Subject: RAPPS, LLC

Reference Number:

L05000001903

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION