## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000057057

1. Entity Name RAHM LLC

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90059 037 \*\*\*\*50.00

Change

Change

■ Addition

☐ Addition

			1	استنق				
Principal Plac	e of Business	Mailing Address			200	anono		
7204 GENNAKER DR. TAMPA, FL 33607		7204 GENNAKER DR. Tampa, Fl. 33607			200	80800		
Trum rg ( E .		174111 74 72 33007		1 18 811 811 8	n Pulli dan Aan Ashi Sin Pi	(4. 8819) ENG IBON 9819) ENG 17		
2. Principal Place of Business		3. Mailing Address		<del></del>				
				1 16811631 6	65 E  EII   96 # ==    F9	)) ##I#I ##I# I##II ##I#I #III II	1000) W (62)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-LLC	CR2E083 (11/05)	)	
City & State		City & State		4. FEI Numb	oer 43 - 2 09	4425	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificati	e of Status Desired	□ \$5.00 Ad	dditional	
	6. Name and Address of Curre	not Pegistered Agent	<u> </u>	7 Name an	d Address of New R	Fee Require	ea	
	6. Name and Address of Curre	ent Kağısteren Ağant	Name	7. Name an	a Address of New P	registered Agent		
HARTZOG	S, MICHAEL							
7204 GENNAKER DR.			Street A	Address (P.O. Box Numb	er is Not Acceptable	9)		
TAMPA, F	L 33607		<del> </del>					
			City		FL Zip Code			
8. The above	named entity submits this statemen	nt for the purpose of changing it	s registered office of	r registered agent, or b	oth, in the State of Flo	orida. I am familiar with	n, and accept	
the obliga	tions of registered agent.							
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered Agent signs	ture required when reinstating)		DATE		
Filing Fee Is \$50.00					Make check payable to Florida Department of State			
	ue by May 1, 2006				riona	a Department or Sta	110	
9.	MANAGING MEN	MBERS/MANAGERS	10.		ADDITIONS			
TITLE	MGRM				ADDITIONS	/CHANGES 🛕		
NAME		☐ Delete	TITLE	MGRM		Change	Addition	
STREET ADDRESS	HARTZOG, MICHAEL	☐ Delete	TITLE NAME	MARM		Change	Addition	
STREET ADDRESS	7204 GENNAKER DR.	☐ Delete		MITCHELL 3411 MAR	ROBERT	Change	Addition	
	1	☐ Delete	NAME	MGRM MITCHELL 3411 MAR TAMPA, FL	ROBERT	Change	Addition	
CITY-ST-ZIP	7204 GENNAKER DR.	☐ Delete	NAME STREET ADDRESS	MITCHELL 3411 MAR	ROBERT	Change		
CITY-ST-ZIP	7204 GENNAKER DR. TAMPA, FL 33607		NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL 3411 MAR	ROBERT	C II Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	7204 GENNAKER DR. TAMPA, FL 33607 MGRM PASSERI, ANTHONY 3534 HARKEN CIRCLE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MITCHELL 3411 MAR	ROBERT	C II Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	7204 GENNAKER DR. TAMPA, FL 33607 MGRM PASSERI, ANTHONY		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MITCHELL 3411 MAR	ROBERT	C II Change		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	7204 GENNAKER DR. TAMPA, FL 33607 MGRM PASSERI, ANTHONY 3534 HARKEN CIRCLE TAMPA, FL 33607 MGRM		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MITCHELL 3411 MAR	ROBERT	C II Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	7204 GENNAKER DR. TAMPA, FL 33607 MGRM PASSERI, ANTHONY 3534 HARKEN CIRCLE TAMPA, FL 33607 MGRM KIM, HYO	□ Detete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MITCHELL 3411 MAR	ROBERT	C N Change	Addition	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE NAME

STREET ADDRESS City-St-Zip

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE: Michael Haut O1/10/06 127-639-4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, PANAGER, OR AUTHORIZED REPRESENTATIVE Date Design Phone #