

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90104 028 \*\*\*\*50.00

DOCUMENT # L05000061421

1. Entity Name  
RAIMAC, LLC



Principal Place of Business  
691 BRECKENRIDGE DRIVE  
PORT ORANGE, FL 32127

Mailing Address  
691 BRECKENRIDGE DRIVE  
PORT ORANGE, FL 32127

20048023



2. Principal Place of Business

4498 HALIFAX DRIVE

3. Mailing Address

4498 HALIFAX DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006

Chg-LLC

CR2E083 (11/05)

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

34-2050131

Applied For

Not Applicable

Zip

32127

Country

US

Zip

32127

Country

US

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKENZIE, SUSAN  
691 BRECKENRIDGE DRIVE  
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name Richard A. RAINKA

Street Address (P.O. Box Number is Not Acceptable)  
4498 HALIFAX DRIVE

City PORT ORANGE FL Zip Code 32127

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 Richard A. RAINKA R.A. RAINKA MANAGING PARTNER 7-6-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE REG. AGENT ☒ Delete  
NAME SUSAN MACKENZIE  
STREET ADDRESS 691 BRECKENRIDGE DR.  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MANAGING PARTNER ☐ Change ☒ Addition  
NAME RICHARD A. RAINKA  
STREET ADDRESS 4498 HALIFAX DR.  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: Richard A. RAINKA MANAGING PARTNER 7-6-06 386-334-3529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #