

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000063547

FILED
May 29, 2009
Secretary of State

Entity Name: RACLAD LLC

Current Principal Place of Business:

2832 NW 99TH TERRACE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

2832 NW 99TH TERRACE
SUNRISE, FL 33322

New Mailing Address:

6550 SHADY BROOK LN
1422
DALLAS, TX 75206

FEI Number: 20-3099741 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:

MARTINEZ, JOSE R
2832 NW 99TH TERRACE
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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: JOSE MARTINEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, JOSE R
Address: 2832 NW 99TH TERRACE
City-St-Zip: SUNRISE, FL 33322

Title: MGR () Delete
Name: MARTINEZ, AURORA
Address: 2832 NW 99TH TERRACE
City-St-Zip: SUNRISE, FL 33322

Title: MGR () Delete
Name: MARTINEZ, ADRIAN A
Address: 2832 NW 99TH TERRACE
City-St-Zip: SUNRISE, FL 33322

Title: MGR () Delete
Name: MARTINEZ, CLAUDETTE I
Address: 2832 NW 99TH TERRACE
City-St-Zip: SUNRISE, FL 33322

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
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: CLAUDETTE MARTINEZ

MGR

05/29/2009

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