

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100967

Entity Name: RIPPLEHOUETTES LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

13211 SW 51 STREET  
MIAMI, FL 33175

## New Principal Place of Business:

13041 SW 133 COURT  
MIAMI, FL 33186

## Current Mailing Address:

POST OFFICE BOX 561168  
MIAMI, FL 33256

## New Mailing Address:

POST OFFICE BOX 830366  
MIAMI, FL 33283

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FRADE, CARLOS A  
9940 SW 58 STREET  
MIAMI, FL 33256 US

## Name and Address of New Registered Agent:

FRADE, CARLOS A  
13041 SW 133 COURT  
MIAMI, FL 33186 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:

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FRADE, CARLOS A MGRM  
Address: PO BOX 561168  
City-St-Zip: MIAMI, FL 33256

Title: MGRM ( ) Delete  
Name: VILLIERS, ADRIANA P MGRM  
Address: PO BOX 561168  
City-St-Zip: MIAMI, FL 33256

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FRADE, CARLOS A MGRM  
Address: PO BOX 830366  
City-St-Zip: MIAMI, FL 33283

Title: MGRM (X) Change ( ) Addition  
Name: VILLIERS, ADRIANA P MGRM  
Address: PO BOX 830366  
City-St-Zip: MIAMI, FL 33283

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: CARLOS A FRADE

MGRM

04/30/2008

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