

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111310

FILED
Jan 14, 2008
Secretary of State

Entity Name: RETROACTIF LLC

Current Principal Place of Business:

2012 N.W. 139TH AVENUE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

2012 N.W. 139TH AVENUE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHUMAN, MONICA G
2012 N.W. 139TH AVENUE
PEMBROKE PINES, FL 33028 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHUMAN, MONICA G
Address: 2012 N.W. 139TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHUMAN, MONICA G
Address: 2012 N.W. 139TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR () Change (X) Addition
Name: SHUMAN, ZIAD T
Address: 2012 NW 139TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: ZIAD SHUMAN

MGR

01/14/2008

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