2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L05000111392 01-31-2006 90027 003 ****55.00 1. Entity Name RAFMAR ENTERPRISES, LLC Principal Place of Business Mailing Address 5703 RED BUG LAKE ROAD, PMB-102 WINTER SPRINGS FL 32708 5703 RED BUG LAKE ROAD, PMB-102 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-3829306 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIULIANO, VINCENZO 5703 RED BUG LAKE ROAD, PMB-102 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 City Zip Code 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 Signature, typed or printed nome of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GIULIANO, VINCENZO MAME STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102 STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY - ST - ZIP ITTLE MGR ☐ Delete ☐ Change ☐ Addition NAME GIULIANO, CONCETTA NAME STREET ADDRESS 5703 RED BUG LAKE ROAD, PMB-102 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP nne Delete ☐ Change Addition NAME GIULIANO, RAFFAELE NAME STREET ADDRESS STREET ADORESS 5703 RED BUG LAKE ROAD, PMB-102 CJTY-ST-ZIF CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP nne Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ME ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

. VINCENZO GILLCAND

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 24, 2006 8:00 am

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leas

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

RAFMAR ENTERPRISES, LLC 5703 RED BUG LAKE ROAD, PMB-102 WINTER SPRINGS, FL 32708

Subject: RAFMAR ENTERPRISES, LLC

L05000111392

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms ANNUAL REPORTS SECTION