2006 LIMITED LIABILITY C ANY 4 ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-26-2006 90030 008 ***150.00

DOCUMENT # L05000119750

1. Entity Name
RADAJO, LLC

30008562

Principal Place of Business	Mailing Address
8585 SUNSET DRIVE WEST ATRIUM MIAMI, FL 33143 US	8585 SUNSET DRIVE WEST ATRIUM MIAMI, FL 33143 US
2. Principal Place of Business: 11428 S.W. 109th Rd Suite, Apt. #, etc.	3. Mailing Address: 11428 S.W. 109th Rd. Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33176 Country: USA	Zip: 33176 Country: USA

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3205718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGENSTERN, MELVIC C ESQ
1320 S. DIXIE HIGHWAY
1275
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORMAN, LAWRENCE S 8585 SUNSET DRIVE - WEST ATRIUM MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #