

FILED

2007 MAY 31 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # L06000035738 | |  | |
| 1. Entity Name RDAS 35193 LLC | | 2007 MAY 31 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 4711 34TH ST N UNIT D SAINT PETERSBURG, FL 33714-3060 | | Mailing Address 4711 34TH ST N UNIT D SAINT PETERSBURG, FL 33714-3060 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent GAUDINEER, JON 4711 34TH ST N UNIT D SAINT PETERSBURG, FL 33714-3060 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONAL OFFICES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GAUDINEER, JON 4711 34TH ST N UNIT D SAINT PETERSBURG, FL 337143060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MATHEW, MICHAEL K 4711 34TH ST N UNIT D SAINT PETERSBURG, FL 337143060 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARINELLI, FRANK 4711 34TH ST N UNIT D SAINT PETERSBURG, FL 337143060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OBERDING, JACK 4711 34TH ST N UNIT D SAINT PETERSBURG, FL 337143060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Jon Gaudineer 4/26/07 727-525-5045 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |