

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050155

Entity Name: RADICAND HOLDINGS LLC

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

2121 SW 3RD AV  
ATTN: TIMOTHY PAPPAS  
MIAMI, FL 33129 US

## New Principal Place of Business:

11800 SW 63 AV  
MIAMI, FL 33156 US

## Current Mailing Address:

2121 SW 3RD AV  
ATTN: TIMOTHY PAPPAS  
MIAMI, FL 33129 US

## New Mailing Address:

11800 SW 63 AV  
MIAMI, FL 33156 US

FEI Number: 20-4877000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAPPAS, TIMOTHY D  
2121 SW 3RD AV  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

PAPPAS, TIMOTHY D  
11800 SW 63 AV  
MIAMI, FL 33156 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: TIMOTHY D PAPPAS

01/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PAPPAS, NICHOLAS J  
Address: 11800 SW 63 AV  
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM (X) Delete  
Name: LEE, JOSIAH J  
Address: 295 MCKNIGHT ROAD  
City-St-Zip: SEGUIN, TX 78155 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICHOLAS J PAPPAS

MGRM

01/14/2009

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