2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # L06000053882 04-21-2008 90314 011 ***138.75 RAFÁEL A. RAMOS, LLC Mailing Address Principal Place of Business 916 SE 4TH PLACE 916 SE 4TH PLACE CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 CR2E083 (12/06) Chg-LLC City & State City & State 4 FEI Number Applied For 20-4891441 Not Applicable Zip Country Country Zip \$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 RAMOS, KAREN A Street Address (P.O. Box Number is Not Acceptable) 916 SE 4TH PLACE CAPE CORAL FL 33990 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change TITLE Delete TITLE Addition RAMOS, KAREN A NAME NAME 916 SE 4TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP MGRM ☐ Change ☐ Addition TITLE □ Delete TITLE RAMOS, KAREN A NAME NAME STREET ADDRESS 916 SE 4TH PL STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-7IP MGRM ☐ Addition TITLE ☐ Delete TITLE Change | NAME RAMOS, RAFAEL A NAME STREET ADORESS 916 SE 4TH PL STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE 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 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 eath; 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.

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DIFFED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

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