## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000061273

KARAKOSTA, CHRIS

NAPLES, FL 34110 US

166 COCOHATCHEE BLVD

Name:

Address:

City-St-Zip:

Entity Name: RACK LLC

FILED Aug 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2135 IMPERIAL CIRCLE NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 2135 IMPERIAL CIRCLE NAPLES, FL 34110 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TEREZI, ROMEO 2135 IMPERIAL CIRCLE NAPLES, FL 34110 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change ( ) Addition FOUNDOS, ALBERT FOUNDOS, ALBERT Name: Name: Address: 2586 HEMPSTEAD TURNPIKE Address: 2586 HEMPSTEAD TURNPIKE City-St-Zip: EAST MEADOW, NY 11554 US City-St-Zip: EAST MEADOW, NY 11554 US Title: MGR (X) Delete Title: () Change () Addition Name: TEREZI, ROMEO Name: Address: 2135 IMPERIAL CIRCLE Address: City-St-Zip: NAPLES, FL 34110 US City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition TEREZI, KOSTAQ Name: Name: 2123 MISSION DRIVE Address: Address: City-St-Zip: NAPLES, FL 34109 US City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERT FOUNDOS MGR 08/17/2007