

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90220 002 ****55.00

DOCUMENT # L06000061431

1. Entity Name

RASTA LLC



Principal Place of Business

Mailing Address

3501 B N PONCE DE LEON BLVD
BOX 271
ST AUGUSTINE FL 32084

3501 B N PONCE DE LEON BLVD
BOX 271
ST AUGUSTINE FL 32084

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

1st MOORE

CR2E083 (10/06)

4. FEI Number

56-2590516

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COATS, LARRY J
3501 B N PONCE DE LEON BLVD
BOX 271
ST AUGUSTINE FL 32084

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COATS, PAULA L
3501 B N PONCE DE LEON BLVD, BOX 271
ST AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COATS, LARRY J
3501 B N PONCE DE LEON BLVD, BOX 271
ST AUGUSTINE FL 32084 ☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Feb 5, 2007

Date

904-687-5289

Daytime Phone #