

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064734

FILED
Mar 20, 2007
Secretary of State

Entity Name: RACK MENDERS LLC

Current Principal Place of Business:

PO BOX 550723
JACKSONVILLE, FL 32255

New Principal Place of Business:

5107 UNIVERSITY BLVD. W
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 550723
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICEWONGER, JUDITH
5361 GREY HERON LN
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: NICEWONGER, JUDITH
Address: 5361 GREY HERON LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: NICEWONGER, RALPH
Address: 5361 GREY HERON LN
City-St-Zip: JACKSONVILLE, FL 32257

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 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: JUDITH NICEWONGER

MGR

03/20/2007

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