

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000064734

Entity Name: RACK MENDERS LLC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5107 UNIVERSITY BLVD. W  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 550723  
JACKSONVILLE, FL 32255

**New Mailing Address:**

FEI Number: 02-0780267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

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  
Name: NICEWONGER, JUDITH  
Address: 5361 GREY HERON LN  
City-St-Zip: JACKSONVILLE, FL 32257

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

I hereby 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

MGRM

01/06/2011

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