



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000071576	
1. Entity Name RAWPAC, LLC	

Principal Place of Business 11057 NW 122ND ST MEDLEY, FL 33178	Mailing Address 11057 NW 122ND ST MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5244158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, JIMMY
11057 NW 122ND ST
MEDLEY, FL 33178

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDINA, JIMMY 11057 NW 122ND ST MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPARZA, JOSE 11057 NW 122ND ST MEDLEY, FL 33178
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05/13/08-80073-009 138.75

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 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:  4/22/08 305.885.6422

SIGNATURE AND TYPED-OR-PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #