

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118663

Entity Name: RASTI ENTERPRISES.,LLC.

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18630 N.W. 67 AVE.  
MIAMI LAKES, FL 33015

**New Principal Place of Business:**

18630 N.W. 67TH AVE.  
MIAMI LAKES, FL 33015 US

**Current Mailing Address:**

18630 N.W. 67 AVE.  
MIAMI LAKES, FL 33015

**New Mailing Address:**

18630 N.W. 67TH AVE.  
MIAMI LAKES, FL 33015

FEI Number: 20-8038315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RAMOS, ROSA MARIA  
1629 NW 143 TER  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

RAMOS, ROSA M  
1629 NW 143RD TER  
PEMBROKE PINES, FL 33028 US

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: ROSA M RAMOS

01/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: RAMOS, ROSA M  
Address: 1629 NW 143RD TER  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VICE  
Name: RAMOS, CARLOS E  
Address: 1629 NW 143RD TER  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC.  
Name: STIVALET, DOLORES  
Address: 1629 NW 143RD TER  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SEC  
Name: STIVALET, CARLOS  
Address: 1629 NW 143RD TER  
City-St-Zip: PEMBROKE PINES, FL 33028

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: ROSA M RAMOS

PRES

01/23/2012

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