

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005233

Entity Name: RALCOTECH, L.L.C.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

1190 SMOKE RISE LN.
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

1190 SMOKE RISE LN.
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 22-3951071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVE, AMBRISH
1190 SMOKE RISE LN.
TALLAHASSEE, FL 32317 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: DAVE, AMBRISH
Address: 1190 SMOKE RISE LN.
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: HEDA, LALITKUMAR S
Address: 5425 CALDER DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: IYER, RAMCHANDRAN V
Address: 2616 ANTIETAM TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LALITKUMAR S HEDA

MGRM

04/25/2008

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