

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038048

Entity Name: RIDERTACK, LLC.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

10647 S.W. 7TH STREET
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

5900 NW 99 AVE
6
DORAL, FL 33178 US

Current Mailing Address:

P.O. BOX 3355
HALLANDALE, FL 33008 US

New Mailing Address:

PO BOX 3355
HALLANDALE, FL 33008

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEJANDRO, CONTRERAS
18950 N.W. 27TH AVENUE
APT # 305
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

DALESSANDRIA, CARLOS
5107 NW 106 AVE
DORAL, FL 33178 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: CARLOS DALESSANDRIA

03/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALEJANDRO, CONTRERAS
Address: 18950 N.W. 27TH AVENUE, APT # 305
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: MGR (X) Delete
Name: LUIS, ESCALONA
Address: 10647 S.W. 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DALESSANDRIA, CARLOS
Address: 5107 NW 106 AVE
City-St-Zip: DORAL, FL 33178 US

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: CARLOS DALESSANDRIA

MNG

03/10/2008

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