

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089629

Entity Name: RAF TABTRONICS, LLC

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

444 SEABREEZE BLVD.  
SUITE 200  
DAYTONA BEACH, FL 32118

## New Principal Place of Business:

200 LEXINGTON AVENUE  
DELAND, FL 32724

## Current Mailing Address:

P.O. BOX 2688  
DAYTONA BEACH, FL 32115

## New Mailing Address:

FEI Number: 26-0805121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORNT0, BRADFORD B ESQ  
444 SEABREEZE BLVD.  
SUITE 200  
DAYTONA BEACH, FL 32118 US

## Name and Address of New Registered Agent:

MALKANI, ROBERT  
200 LEXINGTON AVENUE  
DELAND, FL 32724 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: ROBERT MALKANI

04/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MALKANI, ROBERT B  
Address: 444 SEABREEZE BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR ( ) Delete  
Name: TABBI, JAMES C.J.  
Address: 120 PELHAM RD  
City-St-Zip: ROCHESTE, NY 14610

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MALKANI, ROBERT  
Address: PO BOX 2688  
City-St-Zip: DAYTONA BEACH, FL 32115

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: ROBERT MALKANI

CEO

04/21/2008

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