

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125116

Entity Name: RAHIM FAMILY, L.L.C.

**FILED**  
**Jun 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5749 WEST SHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5749 WEST SHORE DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

GASSMAN, ALAN S  
1245 COURT STREET, STE. 102  
CLEARWATER, FL 33756 US

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

RAHIM, ABDUR S  
5749 WEST SHORE DRIVE  
NEWPORT RICHEY, FL 34652 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: ABDUR RAHIM

06/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAHIM, ABDUR MGR  
Address: 5749 WEST SHORE DRIVE  
City-St-Zip: NEWPORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

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: ABDUR RAHIM

MD

06/21/2009

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