

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001556

Entity Name: RAS ARCHITECTURE, LLC

FILED  
Mar 31, 2009  
Secretary of State

**Current Principal Place of Business:**

7209 CURRY FORD ROAD  
SUITE A  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7209 CURRY FORD ROAD  
SUITE A  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 42-1751195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, REINER A  
7209 CURRY FORD ROAD, SUITE A  
ORLANDO, FL 32822 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: SANCHEZ, REINER A  
Address: 7209 CURRY FORD ROAD, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM ( ) Delete  
Name: SANCHEZ, YARITZA  
Address: 7209 CURRY FORD ROAD, SUITE A  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition  
Name: SANCHEZ, REINER A  
Address: 7209 CURRY FORD ROAD, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM (X) Change ( ) Addition  
Name: SANCHEZ, YARITZA  
Address: 7209 CURRY FORD ROAD, SUITE A  
City-St-Zip: ORLANDO, FL 32822

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: REINER A SANCHEZ

MGRM

03/31/2009

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