

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001934

FILED
Feb 17, 2011
Secretary of State

Entity Name: RAWP EQUIPMENT COMPANY, L.L.C.

Current Principal Place of Business:

6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 26-2821513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, CHARLES MD
6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

ANTHONY, CHARLES R MD
6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653 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: DR. CHARLES ANTHONY

02/17/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR.
Name: COTRONEO, VINCENT G
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: RONA, GABOR A
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: KAHEN, HOWARD L
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: NYMAN, WILLIAM L
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: JOHNSTON, STEPHEN D
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: KAPLAN, TODD M
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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: CHARLES ANTHONY

DR.

02/17/2011

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