

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045055

Entity Name: R.A.O. SHIPPING, LLC

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1801 NORTH FLAGLER DRIVE,  
UNIT 802  
WEST PALM BEACH, FL 33407 65

**New Principal Place of Business:**

**Current Mailing Address:**

1801 NORTH FLAGLER DRIVE,  
UNIT 802  
WEST PALM BEACH, FL 33407 65

**New Mailing Address:**

FEI Number: 26-2582074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ORTENZI, RALPH A  
1801 NORTH FLAGLER DRIVE,  
UNIT 802  
WEST PALM BEACH, FL 33407 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  
Name: ORTENZI, RALPH A  
Address: 1801 NORTH FLAGLER DRIVE, UNIT 802  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM  
Name: SELL-ORTENZI, MARGARET  
Address: 1801 NORTH FLAGLER DRIVE, UNIT 802  
City-St-Zip: WEST PALM BEACH, FL 33407

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: RALPH A. ORTENZI

MGRM

01/18/2010

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