

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061100

Entity Name: RATE YOUR DEMO LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

15180 SOUTH RIVER DRIVE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

15180 SOUTH RIVER DRIVE  
MIAMI, FL 33169 US

**New Mailing Address:**

FEI Number: 26-2845658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAI-VALENZANO, RENIDA MGMR  
15180 SOUTH RIVER DRIVE  
MIAMI, FL 33169 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: VALENZANO, MARCELLO  
Address: 15180 SOUTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM ( ) Delete  
Name: LYON, ANDRE  
Address: 15180 SOUTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33169

Title: MGRM ( ) Delete  
Name: TAI-VALENZANO, RENIDA  
Address: 15180 SOUTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RENIDA TAI-VALENZANO

MGRM

04/29/2009

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