

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 05, 2009  
Secretary of State**

DOCUMENT# L08000075192

Entity Name: RAMON CARDENAS, LLC

**Current Principal Place of Business:**

118 NORTH EAST 6TH PLACE  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

118 NORTH EAST 6TH PLACE  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

FEI Number: 26-3560952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: CARDENAS, RAMON A  
Address: 118 NORTH EAST 6TH PLACE  
City-St-Zip: CAPE CORAL, FL 33909 US

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: RAMON CARDENAS

MGR

05/05/2009

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