

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 20, 2009  
Secretary of State**

DOCUMENT# L08000113559

Entity Name: RAKU LLC

**Current Principal Place of Business:**

2405 TROWBRIDGE ROAD  
FT. PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

2405 TROWBRIDGE ROAD  
FT. PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 26-3898357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

SCHERER, MARK T  
2405 TROWBRIDGE ROAD  
FT. PIERCE, FL 34945    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:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGM ( ) Change (X) Addition  
Name: SCHERER, MARK T  
Address: 2405 TROWBRIDGE RD  
City-St-Zip: FORT PIERCE, FL 34945 US

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: MARK T SCHERER

MGM

08/20/2009

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