

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000050059

FILED
Apr 30, 2011
Secretary of State

Entity Name: RA & MOON ENTERPRISES LLC

Current Principal Place of Business:

3923 SE 11TH AVE #306
CAPE CORAL, FL 33904

New Principal Place of Business:

3923 SE 11TH AVE #306
306
CAPE CORAL, FL 33904 US

Current Mailing Address:

3923 SE 11TH AVE #306
CAPE CORAL, FL 33904

New Mailing Address:

3923 SE 11TH AVE #306
306
CAPE CORAL, FL 33904 US

FEI Number: 80-0434189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YUDICKY, MARTHA
3923 SE 11TH AVE #306
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

YUDICKY, MARTHA
3923 SE 11TH AVE #306
306
CAPE CORAL, FL 33904 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: MARTHA YUDICKY

04/30/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: YUDICKY, MARTHA
Address: 3923 SE 11TH AVE #306
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR
Name: YUDICKY, MARTHA
Address: 3923 SE 11TH AVE
City-St-Zip: FL, FL 33904 US

Title: MGR
Name: YUDICKY, MARTHA
Address: 3923 SE 11TH AVE
City-St-Zip: FL, FL 33904 US

Title: GR
Name: YUDICKY, MARTHA
Address: 3923 SE 11TH AVE
City-St-Zip: FL, FL 33904 US

Title: MGR
Name: YUDICKY, MARTHA
Address: 3923 SE 11TH AVE
City-St-Zip: FL, FL 33904 US

Title: MGR
Name: YUDICKY, MARTHA
Address: 3923 SE 11TH AVE
City-St-Zip: FL, FL 33904 US

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: MARTHA YUDICKY

MGR

04/30/2011

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