

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/4/2003-2003-011-\$50.00-\$50.00

DOCUMENT # L02000009622

1. Entity Name

RAYA PROPERTIES OF COLLIER COUNTY FLORIDA, L.L.C



03 OCT -6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

Mailing Address

24940 TAMAMI TRAIL SOUTH
BONITA SPRINGS FL 34134

24940 TAMAMI TRAIL SOUTH
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

731649447

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANLEY, JOHN F.
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112

Name

David R. Bartly, Sr.

Street Address (P.O. Box Number is Not Acceptable)

4833 Martinique Way

City

Naples

FL. FL

Zip Code

34119

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/29/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **RAHIM, MAHMOUD**
STREET ADDRESS **4885 FAIRVIEW COURT**
CITY-ST-ZIP **WEST BLOOMFIELD MI 48322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **ABDULHUSSAIN, RAYA**
STREET ADDRESS **4885 FAIRVIEW COURT**
CITY-ST-ZIP **WEST BLOOMFIELD MI 48322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (4/03)