

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049431 1. Entity Name RAYO MASONRY, L.L.C.	
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Principal Place of Business 136 BROWARD AVE. APT#3 GREENACRES, FL 33463	Mailing Address 136 BROWARD AVE. APT#3 GREENACRES, FL 33463
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DO NOT WRITE IN THIS SPACE



02182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0802994	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CATALAN, FABINA
136 BROWARD AVE. APT#3
GREENACRES, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CATALAN, FABIAN 136 BROWARD AVE. APT#3 GREENACRES, FL 33463
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02/24/05-80070-016 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Fabian Catalan Fabian Catalan, Manager 02/18/2005 (561) 628-1065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #