


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90191 038 ****50.00

DOCUMENT # L06000011337

1. Entity Name
RAE SALES, LLC



Principal Place of Business Mailing Address

~~15885 MEADOW WOOD DRIVE~~ **C/O MARIO G. DE MENDOZA III, P.A.**
~~C/O GUERRY B. STRIBLING, JR.~~ **12765 FOREST HILL BLVD., SUITE 1302**
~~WELLINGTON, FL 33414~~ **WELLINGTON, FL 33414**

60020163



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

c/o Guerry B. Stribling, Jr.

Suite, Apt. #, etc. Suite, Apt. #, etc.

15885 Meadow Wood Drive

02072007 Chg-LLC CR2E083 (12/06)

City & State City & State

Wellington, FL

4. FEI Number Applied For

20-4175616 Not Applicable

Zip Country Zip Country

33414 USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Guerry B. Stribling, Jr., Manager** **2/27/07**

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