2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001761

1. Entity Name

RAY DISTRIBUTING COMPANY, L.L.C.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91211 015 ****50.00

000117B

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256	7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256

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 59-3676712 — 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
FRANCIS, JAMES D 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY DISTRIBUTING COMPANY 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ray Distributing Company
Aubrey L. Edge, Pres. 4/23/02 904/596-3200

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

Certificate of Status