

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000008932

1. Entity Name
ST. RAPHAEL 808, LLC



Principal Place of Business

49 ANNE COURT
NORWOOD, NJ 07648 US

Mailing Address

49 ANNE COURT
NORWOOD, NJ 07648 US

DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, BOWE J
900 SIXTH AVE SOUTH
104
NAPLES, FL 34102

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000784819
01/16/08-80070-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MOSS, JULIA
STREET ADDRESS	49 ANNE COURT
CITY-ST-ZIP	NORWOOD, NJ 07648

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

01-08-08 201-784-8456

Date

Daytime Phone #