

**200 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000036535

1. Entity Name
RAYBON ESTATES, LLC



Principal Place of Business

**365 JAMES LEE BLVD
CRESTVIEW, FL 32536**

Mailing Address

**365 JAMES LEE BLVD
CRESTVIEW, FL 32536**



04242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2650416

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN H. WATSON, P.A.
5365 E COUNTY HWY 30A, STE 105
SEAGROVE BEACH, FL 32459**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGM BOLTON, RODNEY L 365 W. JAMES LEE BLVD. CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGM WEBB, VALERY 365 W. JAMES LEE BLVD. CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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000000325591
05/20/08-80033-008 138.75

**DO NOT WRITE
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: Rodney L. Bolton, Rodney L. Bolton 4/24/08 (850)537-4259

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

Date

Daytime Phone #