

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000098417

Entity Name: ALRAY ENTERPRISE, LLC

Current Principal Place of Business:

425 NURSING HOME DR
ARCADIA, FL 34266

Current Mailing Address:

425 NURSING HOME DR
ARCADIA, FL 34266

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HATFIELD, MATTHEW A ESQ
333 3RD AVE N STE 200
ST. PETERSBURG, FL 33701 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ALOKEH, WAEL MD
Address 425 NURSING HOME DR
City-State-Zip: ARCADIA FL 34266

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WAEL ALOKEH

MANAGER

03/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date