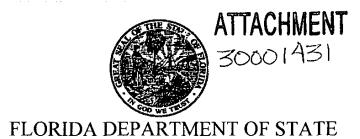
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # L01000007884\_\_\_ 1. Entity Name 02-06-2006 90174 034 \*\*\*\*50.00 R&A FINANCIAL, L.L.C. Principal Place of Business Mailing Address 1383 FORKED CREEK DR. ENGLEWOOD FL 34223 1383 FORKED CREEK DR. ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 65-1106104 Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DR1A-(SAYER) GAYER, FRED R 1383 FORKED CREEK DR. ENGLEWOOD FL 34223 OR. City Englewers 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. 26 Fos 2006 (NOTE: Recovered Agent sometime remained when repostations) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TIFLE MEM ☐ Change ☐ Addition NAME SCHAINHOLZ, CHERYL M NAME VICE PRESIDENT STREET ADDRESS 6051 NW 125TH STREET RD. STREET ADDRESS CIPY-ST-ZIP REDDICK FL 32686 CITY-SI-ZIP THILE PURS 10007 Delete TITLE ☐ Change Addition NAME SCHAINHOLZ, ALFRED наығ STREET ADDRESS 6051 NW 125H STREET RD. STREET ADDRESS CITY-ST-ZIP REDDICK FL 32686 CITY-ST-ZIP TITLE Delete MEM TITLE ☐ Change Addition NAME GAVER FRED R NAME STREET ADDRESS 1383 FORKED CREEK DR. STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY ST. 7/P TITLE Delete TIFLE ✓ Change Add:tion MEMBBE NAME NAME GLORIA Δn. STREET ADDRESS STREET ADDRESS 93 CORCED CREEK CITY-ST-ZIP CITY-ST-ZIP 34223 nne Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_

FILED

Mar 01, 2006 8:00 am



Division of Corporations

February 9, 2006

R&A FINANCIAL, L.L.C. 1383 FORKED CREEK DR. ENGLEWOOD, FL 34223

Subject: R&A FINANCIAL, L.L.C.

Reference Number:

L01000007884

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION