

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000007884



1. Entity Name

R&A FINANCIAL, L.L.C.

Principal Place of Business

1383 FORKED CREEK DR.
ENGLEWOOD FL 34223

Mailing Address

1383 FORKED CREEK DR.
ENGLEWOOD FL 34223



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

65-1106104

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GAYLER, GLORIA
1383 FORKED CREEK DR.
ENGLEWOOD FL 34223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (for 1000-words)

(NOTE: Registered Agent's signature required if agent is changing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE V ☐ Delete
NAME SCHAINHOLZ, CHERYL M
STREET ADDRESS 6051 NW 125TH STREET RD.
CITY-ST-ZIP REDDICK FL 32686

TITLE P ☐ Delete
NAME SCHAINHOLZ, ALFRED
STREET ADDRESS 6051 NW 125H STREET RD.
CITY-ST-ZIP REDDICK FL 32686

TITLE T ☐ Delete
NAME GAYLER, GLORIA
STREET ADDRESS 1383 FORKED CREEK DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

0000007884 ☐ Change ☐ Addition
01/29/08-80057-002 138.75

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Gloria Gayler*

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

1-23-08

941-473-3346

Date

Daytime Phone #