

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000013833

1. Entity Name  
RAY PERKINS LLC



Principal Place of Business  
16200 US HWY 441  
EUSTIS, FL 32726

Mailing Address  
57 HONORS LN  
HATTIESBURG, MS 39402

**DO NOT WRITE IN THIS SPACE**



07222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
42-7689862

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PERKINS, WALTER R  
16200 US HWY 441  
SAFETY HARBOR, FL 34695

**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

**Filing Fee is \$50.00  
Due by September 8, 2004**

U000000168660  
07/28/04-80005-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
MGRM  
PERKINS, WALTER R  
57 HONORS LN  
HATTIESBURG, MS 39402

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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CITY-ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Walter R. Perkins, CRA*

7-22-04

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

Date

Daytime Phone #