

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90350 027 \*\*\*\*50.00

**DOCUMENT # L01000022295**

1. Entity Name  
**RATEX, L.L.C.**



Principal Place of Business  
**4667 GULF BLVD  
SAINT PETERSBURG BEACH, FL 33706 US**

Mailing Address  
**273 42ND AVE  
SAINT PETERSBURG BEACH, FL 33706 US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**8902 Blind Pass Rd**  
Suite, Apt. #, etc.  
**6**  
City & State  
Zip Country

03052004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**04-3601563**

Applied For  
Not Applicable

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**

**SPOOR, W.G.  
6830 CENTRAL AVE.  
SUITE A  
SAINT PETERSBURG, FL 33707**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, LAWRENCE			NAME			
STREET ADDRESS	273 42ND AVE			STREET ADDRESS	<b>8902 Blind pass Rd * 6</b>		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP	<b>St. Pete Beach 33706-1449</b>		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAYTEX A.G.			NAME			
STREET ADDRESS	273 42ND AVE			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				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 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:**

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

Date

Daytime Phone #

*Lawrence Allen*  
**Lawrence Allen**

**7273633470**