2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013813

1. Entity Name
RAY WILKINS REPAIRS, LLC

Principal Place of Business	Mailing Address
1311 TURNBULL STREET, #34 NEW SMYRNA BEACH, FL 32168	1311 TURNBULL STREET, #34 NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

04142004No Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0716680
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINS, RAY
1311 TURNBULL STREET, #34
NEW SMYRNA BEACH, FL 32168

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000169597
08/09/04-80003-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILKINS, RAY
STREET ADDRESS	1311 TURNBULL STREET, #34
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 8-5-04 386-409-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #