

**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	
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Principal Place of Business 1311 TURNBULL STREET, #34 NEW SMYRNA BEACH, FL 32168	Mailing Address 1311 TURNBULL STREET, #34 NEW SMYRNA BEACH, FL 32168
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0716680	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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

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

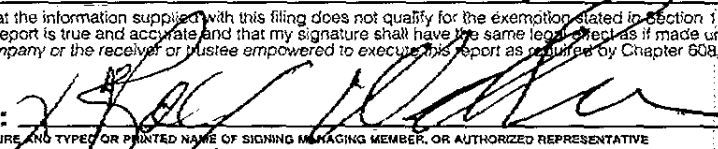
U00000169597
08/09/04-80003-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKINS, RAY 1311 TURNBULL STREET, #34 NEW SMYRNA BEACH, FL 32168
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**DO NOT WRITE
IN THIS SPACE**

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