2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # L02000034651 1. Entity Name RAL INDUSTRIES, LLC					04-07-2008	3 90227 046 ***13	38.75
Suite Apt. #, etc. Etc. #, et	1210 COLUN	MBIAN DR	1210 COLUMBIAN DR	950		• • • •		ISTRI MI (TG)
City & State City & State City & State Country Countr	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Country Zip Country Zip Country S. Certification of Status Desired SS.00 Additional Fee Phagning of Propagation of Status Desired Status Desire	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0327200	08 Chg-LLC	CR2E083 (12/06)	
Country Country Country Sp. 00 Additional Country Street Address of New Registered Agent Street Address of New Number Street Address	City & Stat	te	City & State		J		 	· · · · · · · · · · · · · · · · · · ·
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo	Zip	Country	Zip	Country			□ \$5.00 Ad	ditional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	t Registered Agent		7. Name	and Address of New F	Registered Agent	
Signature 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHange Addition MARE				Name				
8. The above named onity 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/gestered agent. SIGNATURE Signature Signature Signature Signature Managing Members/Managers Managing Members/Managers 10. ADDITIONS/Changes Priorida Department of State Managing Members/Managers 10. ADDITIONS/Changes Other Str. 2P MRRM LLOYD, VIRGIL D SIREET ADDRESS OTH-ST-2P TITLE MORM LLOYD, REBECCA A 1210 COLUMBIAN DR PUNTA GORDA, FL 33950 OTH-ST-2P TITLE MARE MORM LLOYD, REBECCA SIREET ADDRESS OTH-ST-2P TITLE MARE MARE MARE MARE MORRM Delete MITE MARE M	1210 COL	OMBIAN DR	Street Address		ddress (P.O. Box Nu	mber is Not Acceptable	е)	
The obligations of ligible river all agent and like 7 applicable. SignATURE SignATURE				City		· ·	FL Zip Cod	le
Signate Popular or printed registerial agent and bit it applicable CMTE. Registered Agent dignature sequend when reinstating) DATE			or the purpose of changing its	registered office or	registered agent, or	both, in the State of Flo	orida. I am familiar with,	, and accept
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM	SIGNATURE .	Signature) typed or printed name of registered agent	and title if applicable, (NQTI	E: Registered Agent signals	ure required when reinstating)	DATE	
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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 man 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