Maries 2007 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Apr 30, 2007 08:0		
ΰὄευ	MENT # L02000034	374		Secretary of St		
1. Entity Nam	ne H RÁY TOWING,SERVICE,	LIC.				
KLINIALI	or the second of	g Current				
).	in the state of	A A 212 A 1 1	EGG HE TRU			
141 COMME	ce of Business RCF WAY	Mailing Address 141 COMMERCE WAY				
SANFORD, F		SANFORD, FL 32771				
•				A TERMENARU BERNE MEN ETAM BERN ERAM BELLE AMA BUERN ARIN JURIK BUERN		
		٠,		04142007 No Chg-LLC CR2E083 (11/05)		
	O NOT WRITE	IN THIS SPA	CE			
				4. FEI Number Applied For S5-2197324 Not Applicable		
				5. Certificate of Status Desired Status Desired Fee Regulred		
	6. Name and Address of Current F	eglatered Agent		Fee vadnied		
HALIMA DAY KEN	NETU D					
RAY, KENNETH D 141 COMMERCE WAY				DO NOT WRITE		
SANFORE	D, FL 32771			IN THIS SPACE		
•1						
A The shove	named entity submits this statement for	the nurnose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept		
	tions of registered agent.	the purpose of changing its register	ou onice or register	ed agent, or both, in the state of horida. Translatinial with, and accept		
SIGNATURE						
	Signature, typed or printed name of registered agent ar	d title if epplicable (NOTE: Registere	d Agent signature required	d when reinstating) DATE		
	iling Fee Is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBER	S/MANAGERS	<u> </u>			
TITLE NAME	MGRM RAY, KENNETH D					
STREET ADDRESS	141 COMMERCE WAY					
CITY-ST-ZIP	SANFORD, FL 32771		·	U00000743459		
TITLE NAME				05/15/07-80109-022 50.0		
STREET ADDRESS						
CITY 91-ZIP				•		
title Name				,		
STREET AODRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE			-			
NAME			ate for the manners of	IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP						
TITLE			1			
NAME				<u> </u>		
STREET ADDRESS CITY-ST-ZIP	·			**		
TITLE		•	•			
NAME	\	•				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 immitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Kennetts Ray	4-25-07	40	57-328-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER,	Date	Daytime Phone #	