2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90286 018 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000049669

1. Entity Name
RAY'S PAVING, LLC

Principal Place of Business	Mailing Address
753 KELLSTADT STREET PORT CHARLOTTE FL 33952	753 KELLSTADT STREET PORT CHARLOTTE FL 33952

2. Principal Place of Business	3. Mailing Address
753 Kellstadt Street	753 Kellstadt Street
Suite, Apt. #. etc.	Suite, Apt. #, etc.
City & State: Port Charlotte Fla	City & State: Port Charlotte Fla
Zip: 33952 Country: Charlotte	Zip: 33952 Country: Charlotte

4. FEI Number: 20-0445398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIPPINS, RICHARD R
753 KELLSTADT STREET
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name: Richard R Tippins
Street Address (P.O. Box Number is Not Acceptable): 753 Kellstadt Street
Port Charlotte Fla
City FL Zip Code 33952

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TIPPINS, RICHARD R		NAME		
STREET ADDRESS	753 KELLSTADT STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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: Richard R Tippins 2-20-04 941-627-9726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #