


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90130 031 \*\*\*\*50.00

<b>DOCUMENT # L03000055393</b>					
1. Entity Name <b>CANARAY CONSTRUCTION SERVICES, LLC</b>					
Principal Place of Business <b>411 SE 7TH STREET GAINESVILLE, FL 32601</b>			Mailing Address <b>P.O. BOX 191 MELROSE, FL 32666</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>04-3790560</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAYMOND, JUDITH L A 411 SE 7TH STREET GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent Name <b>RAYMOND, JUDITH L</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> City <b>FL</b> Zip Code	
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYMOND, JUDITH L 411 SE 7TH STREET GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 _____			Date <b>4-29-04</b> Daytime Phone # <b>3528708090</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

64003410



04282004 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name **RAYMOND, JUDITH L**

Street Address (P.O. Box Number is Not Acceptable)

**SAME**

City **FL** Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
RAYMOND, JUDITH L  
411 SE 7TH STREET  
GAINESVILLE, FL 32601

☐ Delete

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #