


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90185 013 \*\*\*\*55.00

<b>DOCUMENT # L04000002010</b>					
1. Entity Name <b>TOM RAYMAN'S RESTORATION SERVICES LLC</b>					
Principal Place of Business <b>807 WELLS DRIVE S. DAYTONA BEACH FL 32119</b>			Mailing Address <b>807 WELLS DRIVE S. DAYTONA BEACH FL 32119</b>		
2. Principal Place of Business <b>807 Wells Dr</b>			3. Mailing Address <b>Same</b>		
Suite, Apt. #, etc. <b>N/A</b>			Suite, Apt. #, etc. <b>N/A</b>		
City & State <b>S. Daytona FL.</b>			City & State <b>Same</b>		
Zip <b>32119</b>		Country <b>Volusia</b>	Zip <b>Same</b>		Country <b>Same</b>
4. FEI Number <b>228801759</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>RAYMAN, TOM 807 WELLS DRIVE S. DAYTONA BEACH FL 32119</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 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 <b>N/A</b> (NOTE: Registered Agent signature required when renouncing) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RAYMAN, TOM 807 WELLS DRIVE S. DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RAYMAN, LYNDIA 807 WELLS DRIVE S. DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>M. J. Rayman</b>			Date <b>4-27-05</b> Daytime Phone # <b>386-564-4093</b>		