

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90134 020 ****55.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L04000012562 1. Entity Name MICHAEL E. BRAY, L.L.C.					
Principal Place of Business 2800 KISSIMMEE AVENUE FERNANDINA BEACH FL 32034			Mailing Address 2800 KISSIMMEE AVENUE FERNANDINA BEACH FL 32034		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRAY, MICHAEL E 2800 KISSIMMEE AVENUE FERNANDINA BEACH FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing)			DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BRAY, MICHAEL E 2800 KISSIMMEE AVENUE FERNANDINA BEACH FL 32034			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Michael E Bray</i> 3/7/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					