

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000013679**

1. Entity Name

**RAY EDWARDS COMPANY, LLC**



Principal Place of Business

**5872 TYLER ROAD  
VENICE FL 34293  
US**

Mailing Address

**5872 TYLER ROAD  
VENICE FL 34293  
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**32-0108480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, CARL R  
5872 TYLER ROAD  
VENICE FL 34293**

Name

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

City

**FL**

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

*Carl R. Edwards*

Signature, typed or printed name of registered agent and file 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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**MGRM  
EDWARDS, CARL R  
5872 TYLER ROAD  
VENICE FL 34293**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

**U00000621473  
02/12/07-80018-011 50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**MGRM  
EDWARDS, KAREN L  
5872 TYLER ROAD  
VENICE FL 34293**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
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CITY-STATE-ZIP

☐ Change ☐ Addition

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:**

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

Date

Daytime Phone #