

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000025392

1. Entity Name
ARY, LLC



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

Principal Place of Business
8205 HIDDEN LAKE DRIVE
JACKSONVILLE, FL 32216

Mailing Address
8205 HIDDEN LAKE DRIVE
JACKSONVILLE, FL 32216



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1237756

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALL, JOHN S
ONE INDEPENDENT DRIVE SUITE 2600
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000619474
02/08/07-80074-011 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, ARTHUR R 8205 HIDDEN LAKE DR JACKSONVILLE, FL 32216
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

01/31/07
Date

Daytime Phone # _____