2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000053305

1. Entity Name

VERRAY, LLC

Principal Place of Business	Mailing Address
3791 SW 142ND AVE. MIAMI FL 33175	3791 SW 142ND AVE. MIAMI FL 33175

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

1st MOORE   CR2E083 (10/05)

Zip	Country	Zip	Country

4. FEI Number 55-0879179	Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, JOHN
3797 SOUTHWEST 142 AVENUE
MIAMI FL 33175

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title 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, 2006

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Add
NAME	RAYMOND, JOHN		NAME			
STREET ADDRESS	3791 SW 142ND AVE.		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Add
NAME	RAYMOND, LUCY SOFIA		NAME		U000000515943	
STREET ADDRESS	3791 SW 142ND AVE.		STREET ADDRESS		04/29/06-80232-003 50.00	
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Add
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Add
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Add
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Add
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Lucy Raymond_   MGR   4/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #