

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

05-17-2005 90149 001 *****50.00
05-17-2005 90149 002 *****5.00
L04000054683

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 PM 3:00

DOCUMENT # **204000054683**
1. Entity Name **RAY & ASSET, LLC.**

DO NOT WRITE IN THIS SPACE **30006483**

2. Principal Place of Business **954 E. 102 Street**
Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 360554**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Brooklyn NY** City & State **Brooklyn NY** 4. FEI Number **75-3162677** Applied For ☐ Not Applicable ☐
Zip **11236** Country **USA** Zip **11236** Country **USA** 5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Registered Agents Legal Services, Inc.**
Street Address (P.O. Box Number is Not Acceptable) **1335 N. DUVAL ST.**
City **Tallahassee** FL Zip Code **92303**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager/President/Secretary & Treasurer Michael Dawkins 954 E 102 St. Brooklyn NY 11236	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Walt</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: *Michael Dawkins* **Michael Dawkins** **5/9/05** **917-756-5891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083B (12/01)