

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/7/2005-90055-005-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000056338 1. Entity Name RAY'S MOBILE HOME SKIRTING LLC					
Principal Place of Business 6317 ALLIANCE AVE. KEYSTONE HEIGHTS FL 32656				Mailing Address 6317 ALLIANCE AVE. KEYSTONE HEIGHTS FL 32656	
2. Principal Place of Business 6317 Alliance Ave Suite, Apt. #, etc.		3. Mailing Address 6317 Alliance Ave Suite, Apt. #, etc.			
City & State Keystone Heights Fla		City & State Keystone Heights Fla		1st MOORE CR2E083 (10/04) 05-0605827	
Zip 32656		Country Clay		4. FEI Number 64474124	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FORSYTHE, RAYMOND E 6317 ALLIANCE AVE. KEYSTONE HEIGHTS FL 32656			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Raymond E Forsythe</u> (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, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSYTHE, RAYMOND E 6317 ALLIANCE AVE. KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Raymond E Forsythe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> 3/4/05 352 473-4021 </div> <small>Date Daytime Phone #</small>		