

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

*Same*

Suite, Apt. #, etc.

*Same*

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number

05-0605827

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

FORSYTHE, RAYMOND E  
6317 ALLIANCE AVE.  
KEYSTONE HEIGHTS FL 32656

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, type or printed name of registered agent and the date

(NOTE: Registered agent's signature required if changing agent)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME  
MGR  
FORSYTHE, RAYMOND E  
STREET ADDRESS  
6317 ALLIANCE AVE.  
CITY-ST-ZIP  
KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
U00000860540  
STREET ADDRESS  
04/02/08-80066-014 138.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

*Raymond E Forsythe*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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