

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90120 007 ****50.00

DOCUMENT # L04000056950

1. Entity Name
RAYMOND FLETCHER GRADING LLC



Principal Place of Business

595 GEORGIA AVENUE
LONGWOOD, FL 32750

Mailing Address

595 GEORGIA AVENUE
LONGWOOD, FL 32750

2. Principal Place of Business

617 Beth Drive

Suite, Apt. #, etc.

3. Mailing Address

617 Beth Drive

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

20-1481313

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FLETCHER, RAYMOND G ☐ Delete
STREET ADDRESS 595 GEORGIA AVENUE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ST
NAME FLETCHER, RAYMOND G ☐ Delete
STREET ADDRESS 595 GEORGIA AVENUE
CITY-ST-ZIP LONGWOOD, FL 32750

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 MGR ☒ Change ☐ Addition
NAME Fletcher, Raymond G.
STREET ADDRESS 617 Beth Drive
CITY-ST-ZIP Sanford, FL 32771

TITLE ST ☒ Change ☐ Addition
NAME Fletcher, Raymond G.
STREET ADDRESS 617 Beth Drive
CITY-ST-ZIP Sanford, FL 32771

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 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 60B, Florida Statutes.

SIGNATURE: *Raymond G. Fletcher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-2005

Date

Daytime Phone #