

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 12, 2007 08:00 AM

Secretary of State

DOCUMENT # L04000064069

1. Entity Name

RAGIN BALL, LLC



Principal Place of Business

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

Mailing Address

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

26-0094187

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

HINES, J. BRADFORD
100 SECOND AVENUE SOUTH
SUITE 301N
ST. PETERSBURG FL 33701

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FRED C. TUCKER AGUIRRE
STREET ADDRESS 5115 OLD ELLIS POINTE
CITY-ST-ZIP ROSWELL GA 30076

TITLE MGRM ☐ Delete
NAME TUCKER CHADWICK AGUIRRE
STREET ADDRESS 5115 OLD ELLIS POINTE
CITY-ST-ZIP ROSWELL GA 30076

TITLE MGRM ☐ Delete
NAME CLARK H. SCHERER
STREET ADDRESS 2152 14TH CIRCLE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
U000000663747
03/22/07-80016-007 50.00

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

☐ Change ☐ Addition
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TITLE
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:

Fred C Aguirre

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

Date

Daytime Phone #