## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Jun 26, 2008 08:00 AM Secretary of State DOCUMENT # L04000078881 RAYMOND WILLIAMS, LLC Principal Place of Business Mailing Address **4756 DUNBARTON DRIVE 4756 DUNBARTON DRIVE** ORLANDO, FL 32817 US ORLANDO, FL 32817 US 06232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0888444 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAYMOND, ISABELLA DO NOT WRITE 4756 DUNBARTON DR ORLANDO, FL 32817 IN THIS SPACE 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 FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS TITLE RAYMOND, ISABELLA NAME STREET ADDRESS 4756 DUNBARTON DRIVE U00000953384 CITY+ST-ZIP ORLANDO, FL 32817 06/26/08-80002-003 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

 I hereby certify that the information sug-indicated on this report is true and are limited liability company or the receiver. led with this filling dass not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ate and that provided a statute shall have the same legal effect as if made under oath; that I am a managing member or manager of the rive see engaged to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURI

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING MANAGING MOMBER, OR AUTHORIZED REPRESENTATIVE

FILED