

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000016424

1. Entity Name
RAY VEST, LLC



Principal Place of Business
**6700 RUWES OAK
CINCINNATI, OH 45248**

Mailing Address
**6700 RUWES OAK
CINCINNATI, OH 45248**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2305279

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLINK, HAROLD
%MARSHA OSGOOD CONNORS, US BANK N.A.
5150 TAMiami TR N, STE 403
NAPLES, FL 34103**

**DO NOT WRITE
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
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
RAM, RAKESH K
6700 RUWES OAK
CINCINNATI, OH 45248**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
KLINK, HAROLD A
4471 ST. CLOUD WAY
CLEVES, OH 45002**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
YOUNG, THOMAS A
3805 EDWARDS RD, SUITE 200
CINCINNATI, OH 45209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000847029
03/19/08-80002-011 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Daytime Phone #

[Signature]
1/4/08 513-608-1199