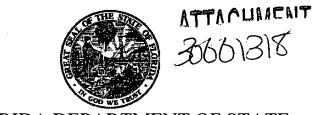
2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AF)

DOCUMENT # L05000025067

FILED Feb 27, 2006 8:00 am Secretary of State

| 1. Entity Name RAY CROMLISH LLC . | | | | 02-02-2006 90094 006 ****50.00 | | | |
|---------------------------------------|--|--------------------------------------|--|----------------------------------|---|------------------------------|-----------------------------|
| 2. Principal Plac | e of Businesa | 3. Mailing Address | | | | | |
| | | | | | | | |
| Suite, Apl. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE | CR2E083 | (10/05) | |
| City & State | | City & State | | 4. FEI Number 27-0/202 | Number Applied Applied Not Apr | | oplied For or Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status De | sired | 5.00 Add | Itional |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of | | | |
| | and the same of th | | Name | | - | | |
| | | | Street Addres | s (P.O. Box Number is Not Acc | eptable) | | |
| | | | | | · · | | |
| | | | City . | · | FL | Zip Code | 0 |
| SIGNATURE | ns of registered agent. pneture, typec का printed vierse का regressed age | ent and little of supplicable. (NOTI | Registered Agent signature requ | red when reinstating) | Cate | | |
| 9. | | Make Check Payab | DW!!! FEE IS \$50.00 le to Florida Departir 5 By May 1, 2006 | ent of State | TIONS/CHANGES | | |
| TITLE M NAME H STREET ADDRESS 3 | IGR ALVORSEN, KENNY 7 PILGRIM DRIVE ALM COAST FL 32164 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Audi | | Change | Addition |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | Deleta | THE NAME STREET ADDRESS CITY-ST-28P | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY_ST_ZIP | | Coleta - | NAME STREET ADDRESS CITY: ST-ZP | | | Change | Acdition . |
| TITLE NAME STREET ADDRESS CITY-S1-2P | | Detete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | Change | Addition |
| NAME STREET ADDRESS CITY-SI-ZIP | | Odeta: | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Oeletz | TITLE NAME STREET ADDRESS CITY-ST-2IP | | | Change | Addition |
| indicated o | ritiy that the information supplied in this report is true and accurate lity company or the receiver or true. | and that my signature shell hav | e the same legal effect a | is if made under oath; that I an | llutes, I further certif n a managing memb | y that the in ter or mana | nformation iger of the |
| SIGITAL | SIGNATURE AND TYPED OR PRINTED NAM | E OF SIGNING MANAGING MEMBER, MA | NAGER, OR AUTHORIZED REPRI | ESENTATIVE Doir | Day | Ilme Phone # | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

RAY CROMLISH LLC 29 WHITE FEATHER LANE PALM COAST, FL 32164

Subject: RAY CROMLISH LLC

Reference Number:

L05000025067

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION