FILED
Jul 02, 2007 8:00 am
Secretary of State
06-08-2007 90223 015 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025067

1. Entity Name
RAY CROMLISH LLC

Principal Place of Business
29 WHITE FEATHER LANE
PALM COAST, FL 32164

Mailing Address
29 WHITE FEATHER LANE
PALM COAST, FL 32164

06012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
49 Fariston Pl	49 Fariston Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast, Fl.	City & State: Palm Coast, Fl.
Zip: 32137 Country: us	Zip: 32137 Country: us

4. FEI Number: 27-0120242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CROMLISH, RAY
29 WHITEFEATHER LANE
PALM COAST, FL 32164

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 49 Fariston Pl
City: Palm Coast FL Zip Code: 32137

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: X Raymond Cromlish 6/6/07
(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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HALVORSEN, KENNY 37 PILGRIM DRIVE PALM COAST, FL 32164 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Raymond Cromlish 49 Fariston Pl. Palm Coast, Fl. 32137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAYMOND CROMLISH - MGR 49 FARISTON PL PALM COAST, FL 32137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Raymond Cromlish 6/6/07 386-586-8537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #