

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L05000025067**

1. Entity Name  
**RAY CROMLISH LLC**



**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**49 FARISTON PL  
PALM COAST, FL 32137**

Mailing Address  
**49 FARISTON PL  
PALM COAST, FL 32137**



**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-LLC

CR2E083 (12/07)

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  
49 FARISTON PL  
PALM COAST, FL 32137**

**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**

U00000949435  
06/03/08-80029-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **CROIMLISH, RAYMOND**  
STREET ADDRESS **49 FARISTON PL**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:**

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

Date

Daytime Phone #

*5/1/08*  
*386-586-6537*