


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90061 022 ***138.75

DOCUMENT # L05000056770 1. Entity Name ROBERT SANCHEZ & RAY PACK, LLC					
Principal Place of Business 1070 COMMERCE DR LABELLE, FL 33975			Mailing Address 1070 COMMERCE DR LABELLE, FL 33975		
2. Principal Place of Business - No P.O. Box # 1050 Commerce Drive		3. Mailing Address P.O. Box 308			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. ---			
City & State Labelle, FL		City & State Labelle, FL		4. FEI Number 03-0561908	
Zip 33935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, ROBERT 1070 COMMERCE DR LABELLE, FL 33935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1050 Commerce Drive City Labelle FL Zip Code 33935		
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 <u>Robert Sanchez</u> <u>Robert Sanchez Pres.</u> DATE <u>5-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANCHEZ, ROBERT 1070 COMMERCE DR LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sanchez Robert 1050 Commerce Drive Labelle, FL 33935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PACK, RAY 1070 COMMERCE DR LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Pack, Ray 1050 Commerce Drive Labelle FL 33935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	---
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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: <u>Robert Sanchez</u> <u>Robert Sanchez Pres.</u> DATE <u>5-7-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

60040423



05072008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

Additional Fee Required

5. Certificate of Status Desired ☐

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

Robert Sanchez Robert Sanchez Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SANCHEZ, ROBERT
1070 COMMERCE DR
LABELLE, FL 33935

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PACK, RAY
1070 COMMERCE DR
LABELLE, FL 33935

☐ Delete

TITLE
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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
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CITY - ST - ZIP
MGR
Sanchez Robert
1050 Commerce Drive
Labelle, FL 33935

☒ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
MGR
Pack, Ray
1050 Commerce Drive
Labelle FL 33935

☒ Change ☐ Addition

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Robert Sanchez Robert Sanchez Pres.

DATE

Daytime Phone #