

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90439 048 ****50.00

DOCUMENT # L05000121814

1. Entity Name
RAY WAYNE MCDONALD, L.L.C.



Principal Place of Business
**10901 FRONT BCH RD.
UNIT 312
PANAMA CITY BCH, FL 32407**

Mailing Address
**10901 FRONT BCH RD.
UNIT 312
PANAMA CITY BCH, FL 32407**

2. Principal Place of Business - No P.O. Box #
9450 S. THOMAS DRIVE

3. Mailing Address
9450 S. THOMAS DR.



03262007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PANAMA CITY BEACH, FL

City & State
PANAMA CITY BEACH, FL

4. FEI Number
20-4004222

Applied For
Not Applicable

Zip
32408

Country
USA

Zip
32408

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, RAY WAYNE
10997 HUTCHISON BLVD.
PANAMA CITY BCH, FL 32407**

Name

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

9450 S. THOMAS DRIVE

City

PANAMA CITY BEACH

FL

Zip Code

32408

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCDONALD, RAY WAYNE
10997 HUTCHISON BLVD.
PANAMA CITY BCH, FL 32407** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**9450 S. THOMAS DRIVE
PANAMA CITY BEACH, FL 32408** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

3/30/07 850-866-5642