## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # L06000004119** 04-18-2008 90149 006 \*\*\*163.75 1. Entity Name RAYMOORE, LLC Principal Place of Business Mailing Address 50004345 3675 BROADWAY STREET 3675 BROADWAY STREET FORT MYERS, FL 33901 FORT MYERS, FL 33901 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 Cha-LLC CR2E083 (12/06) 4. FEI Number 20-4101638 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert Zakheim SURENARD, RAY Street Address (P.O. Box Number is Not Acceptable) 3675 Broadway 3675 BROADWAY ST FORT MYERS, FL 33901 3°3596°1 Fort Myers 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 named is d title il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State +1.5 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR Delete TITLE Change ■ Addition TITLE Robert Zakheim SUPRENARD, RAY NAME NAME 3675 Broadway Fort Myers, Florida 33901 STREET ADDRESS 3675 BROADWAY ST STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 11. Thereby 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 emparaged to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

Daytime Phone #

**ATTACHMENT** 

JÁCK PANKOW ATTORNEY AT LAW

230-2 Clayton Court Fort Myers, Florida 33907 239-334-4774

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E-Mail: Jack@pdssolutions.com

April 14, 2008

Department of State Division of Corporations Corporate Filings P. O Box 6327 Tallahassee, FL 32314

Re: Raymoore, LLC.

Please file the annual report for Raymoore LLC, together with my trust check for \$163.75, for the annual report fee, and for a change of resident agent.

Sincerely

Attorney at Law

Copy to client