


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90191 038 \*\*\*\*50.00

<b>DOCUMENT # L06000011337</b>	
1. Entity Name RAE SALES, LLC	

Principal Place of Business <del>15885 MEADOW WOOD DRIVE</del> <del>C/O GUERRY B. STRIBLING, JR.</del> <del>WELLINGTON, FL 33414</del>	Mailing Address C/O MARIO G. DE MENDOZA III, P.A. 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box # c/o Guerry B. Stribling, Jr.	3. Mailing Address
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Suite, Apt. #, etc. 15885 Meadow Wood Drive	Suite, Apt. #, etc.
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City & State Wellington, FL	City & State
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Zip 33414	Country USA	Zip	Country
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60020163



02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4175616	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

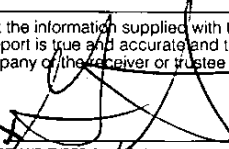
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stribling, Guerry B., Jr. 15885 Meadow Wood Drive Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stribling, Bobbi J. 15885 Meadow Wood Drive Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Guerry B. Stribling, Jr., Manager** **2/27/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #