

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000011337

1. Entity Name
RAE SALES, LLC



Principal Place of Business

**C/O GUERRY B. STRIBLING, JR.
15885 MEADOW WOOD DRIVE
WELLINGTON, FL 33414**

Mailing Address

**C/O MARIO G. DE MENDOZA III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414**



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4175616

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON, FL 33414**

**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**

U00000872313
~~04/10/08-88835-001 138.75~~

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRIBLING, GUERRY B JR.
STREET ADDRESS	15885 MEADOW WOOD DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	MGRM
NAME	STRIBLING, BOBBI J
STREET ADDRESS	15885 MEADOW WOOD DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE
Guerry B. Stribling, Jr., Manager

Date

Daytime Phone #

3/24/2008 561-723-5692