

2008 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # LOG000014650

1. Limited Liability Company's Name

CHRIS RAYNOR ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #

176 BIEDER AVE

Suite, Apt. #, etc.

3. Mailing Office Address

176 BIEDER AVE

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32773

Country

USA

Zip

32773

Country

USA

4. State/Country of Formation

FLORIDA

USA

5. Date Organized or Qualified
To Do Business in Florida

2-17-06

6. FEI Number

20-4295670

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHRIS RAYNOR

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

176 BIEDER AVE.

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Chris Raynor

REGISTERED AGENT MUST SIGN

Date 9.22.08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHRIS RAYNOR MGRM	176 Bieder Ave Sanford FL 32773	SANFORD, FL 32773

000136304540
09/24/08--01027--006 **238.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Chris Raynor

Date

9.22.08

Daytime Phone #

407-712-3400

Typed or printed name of signing Managing Member/Manager

CHRIS RAYNOR