2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000022164

1. Entity Name

RAYMOND E. SCHWARTZ, LLC



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

micipal riace of business

3015 S. CONGRESS AVE. LAKE WORTH, FL 33461 Mailing Address

3015 S. CONGRESS AVE. LAKE WORTH, FL 33461



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 59-1954957 Not Applicable

5 Cartificate of Status Decired 5 \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, RAYMOND E 3015 S. CONGRESS AVE. LAKE WORTH, FL 33461 DO NOT WRITE

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 of printed name of registered agent and title if applicable.	(NOTE: Registred Agent signature required when reinstating)
### 138.75 U4/24/U8-80064-008 138.75 U4/24/U8-80064-008 138.75 U4/24/U8-80064-008 138.75 U4/24/U8-80064-008 138.75 U4/24/U8-80064-008 138.75 U4/24/U8-80064-008 138.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, RAYMOND 3015 S. CONGRESS AVE. LAKE WORTH, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14. 1. 24. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	IN THIS SPACE
TITLE NAME STREET ADDRESS		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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 repoiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATION

4/9/18 Date

Daytime Phone #