


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000062594</b>	
1. Entity Name <b>RAY'S PRECISION CUT LAWN CARE, LLC</b>	

Principal Place of Business <b>5410 MAPLE LANE TAMPA, FL 33610</b>	Mailing Address <b>5410 MAPLE LANE TAMPA, FL 33610</b>
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>51-0590329</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MALLORY, RAY  
5410 MAPLE LANE  
TAMPA, FL 33610**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000815866  
02/14/08-80026-013 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MALLORY, RAY 5410 MAPLE LANE TAMPA, FL 33610</b>
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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:** Ray Mallory 1-31-08 813-664-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #