


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90011 042 ***138.75

DOCUMENT # L06000092923					
1. Entity Name MCRAE AND CO, LLC					
Principal Place of Business 3338 N.E. 92ND PLACE ANTHONY, FL 32617			Mailing Address 3338 N.E. 92ND PLACE ANTHONY, FL 32617		
2. Principal Place of Business - No P.O. Box # 2831 S.E. 6th PLACE Suite, Apt. #, etc. Ocala FL City & State 34471 U.S. Zip Country		3. Mailing Address 2831 S.E. 6th PLACE Suite, Apt. #, etc. Ocala FL City & State 34471 U.S. Zip Country		4. FEI Number 20-5598997 Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCRAE, MARK A 3338 N.E. 92ND PLACE ANTHONY, FL 32617				7. Name and Address of New Registered Agent Name: MARK A MCRAE Street Address (P.O. Box Number is Not Acceptable): 2831 S.E. 6th PLACE City: Ocala FL Zip Code: 34471	
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: <i>[Signature]</i> Res 4-22-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCRAE, MARK A 3338 N.E. 92ND PLACE ANTHONY, FL 32617 <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	MGRM JOHNSON, TOBY L 215 SIMPSON DRIVE INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *[Signature]*

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04212008 Chg-LLC CR2E083 (12/06)

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required