

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025653

Entity Name: RAY J ENTERPRISE LLC

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

3838 SW KOCERIK ST
HOUSE
PORT ST LUCIE, FL 34953

Current Mailing Address:

3838 SW KOCERIK ST
HOUSE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

3838 SW KOCERIK ST
HOUSE
PORT ST LUCIE, FL 34953 US

New Mailing Address:

3838 SW KOCERIK ST
HOUSE
PORT ST LUCIE, FL 34953 US

FEI Number: 74-3207752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RAYMOND D SR
3838 SW KOCERIK ST
HOUSE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAHL-JOHNSON, DAYNA D
Address: 3838 SW KOCERIK ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, RAYMOND D SR
Address: 3838 SW KOCERIK ST
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: MGR () Change (X) Addition
Name: DAHL-JOHNSON, DAYNA A MRS
Address: 3838 SW KOCERIK ST
City-St-Zip: PORT ST LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND D JOHNSON

MGR

04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date