

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071457

FILED
Mar 13, 2009
Secretary of State

Entity Name: CATIE RAY ENTERPRISES, LLC

Current Principal Place of Business:

6350 E. SHADOW LANE
INVERNESS, FL 34452 US

New Principal Place of Business:

Current Mailing Address:

6350 E. SHADOW LANE
INVERNESS, FL 34452 US

New Mailing Address:

FEI Number: 26-0498451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKER, JOSEPH W
6350 E. SHADOW LANE
INVERNESS, FL 34452 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: MGRM () Delete
Name: ACKER, CO-TRUSTEE, JOSEPH W
Address: 6350 E. SHADOW LANE
City-St-Zip: INVERNESS, FL 34452 US

Title: MGRM () Delete
Name: ACKER, CO-TRUSTEE, CHRISTINE M
Address: 6350 E. SHADOW LANE
City-St-Zip: INVERNESS, FL 34452 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE ACKER

MS

03/13/2009

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