

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071808

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MARTIN RAYMUND AND ASSOCIATES, LLC

**Current Principal Place of Business:**

500 NW 60TH STREET  
SUITE C  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

13265 SW 6TH AVENUE  
NEWBERRY, FL 32669

**New Mailing Address:**

FEI Number: 26-0505864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAVAL, RAYMUND  
500 NW 60TH STREET  
SUITE C  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

RAVAL, JOCELYN  
500 NW 60TH STREET  
SUITE C  
GAINESVILLE, FL 32607 US

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: JOCELYN RAVAL

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAVAL, RAYMUND  
Address: 13265 SW 6TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RAVAL, JOCELYN  
Address: 13265 SW 6TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM ( ) Change (X) Addition  
Name: RAVAL, RAYMUND  
Address: 13265 SW 6TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

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: JOCELYN RAVAL

MGR

04/30/2009

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