2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097428

Entity Name: RAY ARNOLD AND ASSOCIATES LLC

FILED Apr 17, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5856 DARTMOUTH AVE 30331 LIPIZZAN TERRACE ST. PETERSBURG, FL 33710 MT DORA, FL 32757

Current Mailing Address: New Mailing Address:

401 BEAUREGARD DRIVE 30331 LIPIZZAN TERRACE LEESBURG, VA 20175 MT DORA, FL 32757

FEI Number: 26-1122391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ARNOLD, RAY S
5856 DARTMOUTH AVE
ST. PETERSBURG, FL 33710 US
ARNOLD, RAY S
30331 LIPIZZAN TERRACE
MT DORA, FL 32757 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: RAY ARNOLD 04/17/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES

Name: ARNOLD, RAY S

Address: 30331 LIPIZZAN TERRACE City-St-Zip: MT DORA, FL 32757

Title: PRES

Name: ARNOLD, RAY

Address: 30331 LIPIZZAN TERRACE City-St-Zip: MT DORA, FL 32757

Title: PRES

Name: ARNOLD, RAY

Address: 30331 LIPIZZAN TERRACE City-St-Zip: MT DORA, FL 32757

Title: PRES

Name: ARNOLD, RAY

Address: 30331 LIPIZZAN TERRACE City-St-Zip: MT DORA, FL 32757

Title: PRES

Name: ARNOLD, RAY

Address: 30331 LIPIZZAN TERRACE City-St-Zip: MT DORA, FL 32757

Title: PRES
Name: ARNOLD, RAY

Address: 30331 LIPIZZAN TERRACE City-St-Zip: MT DORA, FL 32757

I hereby 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 Statues.

SIGNATURE: RAY S ARNOLD PRES 04/17/2011

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