

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

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

05-21-2008 90206 037 ***138.75

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1st MOORE CR2E083 (10/07)

DOCUMENT # L07000098897 1. Entity Name RAG & ASSOCIATES, LLC					
Principal Place of Business 109 FIREBALL CR NORTH FORT MYERS FL 33917			Mailing Address 109 FIREBALL CR NORTH FORT MYERS FL 33917		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1232631	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____					
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	MGRM GRAMS, RICHARD A 109 FIREBALL CR NORTH FORT MYERS FL 33917	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANG, DEBRA A 109 FIREBALL CR NORTH FORT MYERS FL 33917	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANG, ERIC S 109 FIREBALL CR NORTH FORT MYERS FL 33917	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Timothy H. Zorn</i> CPA Timothy H. Zorn 4/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					