

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125554

Entity Name: RALOY A&E SERVICES LLC

FILED
Feb 18, 2008
Secretary of State

Current Principal Place of Business:

6110 PORT MOUTH LANE
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

6110 PORT MOUTH LANE
DAVIE, FL 33331

New Mailing Address:

FEI Number: 26-1605162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, IDALIA
6110 PORT MOUTH LANE
DAVIE, FL 33331 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: LOPEZ, IDALIA
Address: 6110 PORT MOUTH LANE
City-St-Zip: DAVIE, FL 33331

Title: MGR () Delete
Name: LOPEZ, MELLYBELY
Address: 6110 PORT MOUTH LANE
City-St-Zip: DAVIE, FL 33331

Title: MGR () Delete
Name: LOPEZ, BELLYMAR
Address: 6110 PORT MOUTH LANE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LOPEZ, MELLIBELY
Address: 6110 PORT MOUTH LANE
City-St-Zip: DAVIE, FL 33331

Title: MGR (X) Change () Addition
Name: LOPEZ, BELYMAR
Address: 6110 PORT MOUTH LANE
City-St-Zip: DAVIE, FL 33331

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: LOPEZ IDALIA

MGR

02/18/2008

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