

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011798

Entity Name: RAY'S LEGACY, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

4270 WEST PRICE BLVD.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

4270 WEST PRICE BLVD.
NORTH PORT, FL 34286 US

New Mailing Address:

P.O. BOX 54
NOKOMIS, FL 34274 US

FEI Number: 26-2083987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS C. TYLER, JR., P.A.
981 RIDGEWOOD AVENUE
SUITE 104
VENICE, FL 34285 US

Name and Address of New Registered Agent:

FELIX, MICHAEL
4270 W. PRICE BLVD.
NORTH PORT, FL 34286 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: MICHAEL FELIX

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: FELIX, MICHAEL
Address: 1070 TRUMAN ST.
City-St-Zip: NOKOMIS, FL 34275 US

Title: VP () Change (X) Addition
Name: SIMMONS, MICHAEL
Address: 1405 LANDVIEW LN
City-St-Zip: OSPREY, FL 34229 US

Title: VP () Change (X) Addition
Name: FELIX, FRANCES
Address: 252 OSPREY POINT DR.
City-St-Zip: OSPREY, FL 34229 US

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: MICHAEL FELIX

P

03/25/2009

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