

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000618

FILED
Jan 24, 2007
Secretary of State

Entity Name: RAYMOND HANDLING CONSULTANTS, L.C.

Current Principal Place of Business:

4925 RAYMOND INDUSTRIAL DRIVE
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

4925 RAYMOND INDUSTRIAL DRIVE
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 59-3331430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NENARELLA, JOSEPH
4925 RAYMOND INDUSTRIAL DRIVE
LAKELAND, FL 33815 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: MGRM () Delete
Name: NENARELLA, JOSEPH
Address: 4925 RAYMOND INDUSTRIAL DRIVE
City-St-Zip: LAKELAND, FL 33815

Title: MGRM () Delete
Name: RAYMOND CORPORATION,
Address: SOUTH CANAL STREET, P.O. BOX 130
City-St-Zip: GREENE, NY 13778

Title: MGRM () Delete
Name: HOAG, WILLIAM
Address: 4925 RAYMOND INDUSTRIAL DRIVE
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J HOAG

MGRM

01/24/2007

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