DOCUMENT # 1,9900001761					FILED				
DOCUMENT # L9900001761 1. Entity Name					00 MAY -2 AM 9: 17				₽
RAY DISTRIBUTING COMPANY, L.L.C.				ف.	OO NAT -2	Ai1 9: [; 	4		וד
	•		è		SECRETARY				
Principal Plac	e of Business	Mailing Address			TALL AHASSEE	FLORID	A`		
2406 HARPER STREET 2406 HARPER STREET									
JACKSONVILLI	E FL 32204	JACKSONVILLE FL 32204-	1716	Ì					
	•					İmi banı adını dalın bil			
2. Principal P	Place of Business	3. Mailing Address							
•	.C. Skinner Parkway	7014 A.C. Sk	inner Park	way	_				
Suite, Apt.	•	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
Suite 29 City & Stat		Suite 290 City & State		4. FFI	4. FEI Number Applied For				٦
Jacksonville, FL		1	Jacksonville, FL		Not App		t Applicable	_	
Zip 32256	Country DUVAL	Zip 32256	Country	5. Cert	ificate of Status Desired	<u> </u>	5.00 Add	litional	
34230	6. Name and Address of Current		DUVAL	7. Nam	e and Address of New	<u> </u>	<u>'</u>	<i></i>	-
			Name				<u> </u>		1
FRANCIS, JAMES D Street Address					Change Only Number is Not Acceptable	<u> </u>			-
2406 HARPER STREET					nner Parkway	<u> </u>			-
JACKSONVILLE FL 32204				e 290		<u> </u>			
	•		City . I a c k	sonville		FL	Zip Code	∍ 256	
8. The above	named entity submits this statement for	r the purpose of changing its			or both, in the State of Fl	orida.	· • • • • • • • • • • • • • • • • • • •	230	1
					•	İ			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signat	ure required when reinsta	ling)	DATE			
-		FS F AIG	WIII ECE 10 A	350 00		1			1
		Make Check Pa	OW!!! FEE IS \$,	 			
	•	mune Oncon I u	yable to bepair	ment of otate		ļ			
9.	MANAGING MEMBE		10.		ADDITIONS	/CHANGES] @
TITLE NAME	MGRM RAY DISTRIBUTING COMPANY	' Deleta	TITLE NAME				X Change	Addition	2E083 (9/99)
STREET ADDRESS	2406 HARPER STREET		STREET ADDRESS	7014 A.C.	. Skinner Parl	i way Si	iita 20	90	83
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY- \$T-ZIP		11e, FL 3225				KE
TITLE		C Delete	TITLE NAME		100003		☐ Change ⊃ → 1	Addition #⊒?	75
NAME STREET ADDRESS			STREET ACCRESS		-05/19	170001	0780	102 T	
CITY-ST-ZIP	,		CITY-8T-ZIP			50.00	*****	0.00	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME Street Address						
CITY-8T-ZIP			CITY- ST-ZIP						
TITLE		☐ Delete	TITLE				Change	acitition .	7
NAME			NAME						
STREET ADDRESS GITY- ST- ZIP			STREET ADDRESS CITY-ST-ZIP	}					
TITLE		☐ Delate	TITLE			:	Change	Addition	-
NAME			NAME						
STREET ADDRESS City-81-21P			8TREET ADDRESS CITY-87-ZIP						
TITLE		Deteta	TITLE			<u> </u>	Change	Addition	1
NAME 9	٠.		NAME	·		1			
STREET ADDRESS			STREET ADDRESS			l I			
CITY-AT-ZIP	portification that the information	this filling class and amount of	CITY-81-ZIP	tod in Section 110	07/2)(i) Elorido Chatata-	Í further serti	futhat tha i-	formation	-
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have t	the same legal effe	ct as if made unde	er oath; that I am a mana	ging member	or manage	r of the	
аниев на	bility company or the receiver or trustee	enthowerso to execute tuis i	report as required t	uy unapiei 606, Fl	unua otatutes.	1			1

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 27,2000 Date

904/596~3200

Daytime Phone #