

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000006367**

1. Entity Name  
**RA MANAGEMENT SERVICES, LLC**



Principal Place of Business

**550 PORT O CALL WAY  
PORT O CALL MARINA  
NAPLES, FL 34102**

Mailing Address

**550 PORT O CALL WAY  
PORT O CALL MARINA  
NAPLES, FL 34102**



01182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**84-1639260**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PORT O CALL MARINA LLC  
550 PORT O CALL WAY  
PORT O CALL MARINA  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

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

*(Signature)*  
Signature, typed or printed name of registered agent and title if applicable

*Anthony Grimaldi is member* **9/15/07**  
NOTE: Registered Agent signature required when reinstating DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000720562  
05/01/07-80109-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
GRIMALDI, ANTHONY M  
P.O. BOX 322  
SOUTHAMPTON, NY 119690322**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
GRIMALDI, THERESA  
P.O. BOX 322  
SOUTHAMPTON, NY 119690322**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Anthony Grimaldi is member* **9/15/07** **514 316-9303**