

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005536

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** RAYBERN ENTERPRISES, LLC

**Current Principal Place of Business:**

302 BOLTON LANE  
DOWNINGTON, PA 19335

**New Principal Place of Business:**

**Current Mailing Address:**

302 BOLTON LANE  
DOWNINGTON, PA 19335

**New Mailing Address:**

**FEI Number:** 45-3609868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

QUINONES & OLIVER, P.L.  
11513 LAKE UNDERHILL RD SUITE A  
ORLANDO, FL 32825 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  
**Name:** O'DONNELL, JOHN  
**Address:** 302 BOLTON LANE  
**City-St-Zip:** DOWNINGTON, PA 19335

**Title:** MGRM  
**Name:** O'DONNELL, MARYELLEN  
**Address:** 302 BOLTON LANE  
**City-St-Zip:** DOWNINGTON, PA 19335

**Title:** MGRM  
**Name:** O'DONNELL, JAMES J  
**Address:** 1481 HEATHER RIDGE DR.  
**City-St-Zip:** NEWTON, PA 18940

**Title:** MGRM  
**Name:** O'DONNELL, THERESA M  
**Address:** 1481 HEATHER RIDGE DR.  
**City-St-Zip:** NEWTON, PA 18940

**Title:** MGRM  
**Name:** O'DONNELL, DENISE  
**Address:** 25 HEDGE RD  
**City-St-Zip:** LEVITTOWN, PA 19056

I hereby 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:** JOHN O'DONNELL

MGRM

04/12/2012

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