

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032738

**Entity Name:** RA PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

503 SOUTH PENINSULA AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

PO BOX 1162  
NEW SMYRNA BEACH, FL 32170 US

**FEI Number:** 27-2203303

**Certificate of Status Desired:** No

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

MCMAINS, DAVID D  
503 SOUTH PENINSULA AVE  
NEW SMYRNA BEACH, FL 32169 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	MCMAINS, DAVID D	Name	GROSKI, KAREN R
Address	503 SOUTH PENINSULA AVE	Address	PO BOX 2182
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	APEX NC 27502

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID D MCMAINS

MGRM

01/26/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date