

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000051442

Entity Name: RA LMY LLC

Current Principal Place of Business:

9179 LINGROVE RD.
WEEKI WACHEE, FL 34613

Current Mailing Address:

9179 LINGROVE RD.
WEEKI WACHEE, FL 34613

FEI Number: 46-2492617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAFT, STUART J ESQ.
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 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 MGR
Name BENNETT, EDWARD
Address 9179 LINGROVE RD.
City-State-Zip: WEEKI WACHEE FL 34613

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD BENNETT

MANAGER

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date