

**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