

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002168

1. Entity Name

POTOMAC REALTY CAPITAL, LLC



FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

C/O SAWYER PROPERTY MANAGEMENT, INC.
9658 BALTIMORE AVE., SUITE 300
BALTIMORE, MD 20740

Mailing Address

C/O SAWYER PROPERTY MANAGEMENT, INC.
9658 BALTIMORE AVE., SUITE 300
BALTIMORE, MD 20740



08132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0976509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAWYER PROPERTY MANAGEMENT, INC.
STREET ADDRESS	9658 BALTIMORE AVENUE, SUITE 300
CITY-ST-ZIP	BALTIMORE, MD 20740

TITLE	
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CITY-ST-ZIP	

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08/18/08-80009-003 138.75

**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/13

Date

Daytime Phone #