

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000415

**Entity Name:** REQUIRED MEDIA, LLC

**Current Principal Place of Business:**

2519 MCMULLEN BOOTH RD.  
#510-280  
CLEARWATER, FL 33761

**Current Mailing Address:**

2519 MCMULLEN BOOTH RD.  
#510-280  
CLEARWATER, FL 33761 US

**FEI Number:** 20-2100514

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 GALBRAITH, DONALD  
Address 2519 MCMULLEN BOOTH RD.  
#510-280  
City-State-Zip: CLEARWATER FL 33761

Title MGR  
Name GALBRAITH, DEBBIE  
Address 2519 MCMULLEN BOOTH RD.  
#510-280  
City-State-Zip: CLEARWATER FL 33761

Title ST  
Name GALBRAITH, DEBBIE  
Address 2519 MCMULLEN BOOTH RD.  
#510-280  
City-State-Zip: CLEARWATER FL 33761

*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:** DONALD GALBRAITH

**MANAGER**

**04/16/2016**

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

\_\_\_\_\_  
Date