

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000041980

Entity Name: REAGANISTA, LLC

Current Principal Place of Business:

1829 SHARON ROAD
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 11044
TALLAHASSEE, FL 32302

FEI Number: 46-0627860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMARA, CHRISTIAN R
1829 SHARON ROAD
TALLAHASSEE, FL 32303 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
Name CAMARA, CHRISTIAN R
Address 1829 SHARON ROAD
City-State-Zip: TALLAHASSEE FL 32303

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: CHRISTIAN R. CAMARA

OWNER

04/28/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date