

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000003525

**Entity Name:** PILLAR REI LLC

**Current Principal Place of Business:**

5565 WILLOUGHBY DR.  
MELBOURNE, FL 32934

**Current Mailing Address:**

2263 WEST NEW HAVEN AVE, #354  
MELBOURNE, FL 32904 US

**FEI Number:** 46-1751591

**Certificate of Status Desired:** No

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

GLEASON, DEBRA  
5565 WILLOUGHBY DR.  
MELBOURNE, FL 32934 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                | Title           | MGRM                |
| Name            | GLEASON, DEBRA      | Name            | GLEASON, RAYMOND    |
| Address         | 5565 WILLOUGHBY DR. | Address         | 5565 WILLOUGHBY DR. |
| City-State-Zip: | MELBOURNE FL 32934  | City-State-Zip: | MELBOURNE FL 32934  |

*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:** DEBRA GLEASON

MGRM

02/06/2015

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

\_\_\_\_\_ Date