

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000040593

**Entity Name:** RE3 PROPERTIES, LLC

**Current Principal Place of Business:**

4012 SAWYER RD., STE. 101-104  
SARASOTA, FL 34233

**Current Mailing Address:**

4012 SAWYER RD., STE. 101-104  
SARASOTA, FL 34233 US

**FEI Number:** 82-0643289

**Certificate of Status Desired:** No

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

HOPPER, TIFFANY A  
4012 SAWYER RD., STE. 101-104  
SARASOTA, FL 34233 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:** TIFFANY HOPPER

04/11/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FARAHVAR, ARASH M.D.  
Address 5261 CELEDON COURT  
City-State-Zip: SARASOTA FL 34238

Title MGR  
Name OLIVERO, WILLIAM C M.D.  
Address 5159 CANTABREA CREST  
City-State-Zip: SARASOTA FL 34238

Title MGR  
Name WANG, BONNIE H M.D.  
Address 8930 BLOOMFIELD BLVD.  
City-State-Zip: SARASOTA FL 34238

Title MGR  
Name WANF, HUAN M.D.  
Address 8930 BLOOMFIELD BLVD.  
City-State-Zip: SARASOTA FL 34238

*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:** BONNIE WANG

**OWNER**

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date