

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90561 034 ****55.00

DOCUMENT # L00000010962

1. Entity Name

R.E.I.M. DEVELOPMENT, L.C.



Principal Place of Business

**283 CRANES ROOST BLVD., STE. 111
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**P.O. BOX 953066
LAKE MARY FL 32795**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3680376**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VANDEWATER, GLENN T ESQ.
378 CENTERPOINTE CIR., STE. 1272
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name

SAMER S. MAJZOUB

Street Address (P.O. Box Number is Not Acceptable)

283 Cranes Roost Blvd, Ste 111

City

Altamonte springs FL 32701

Zip Code

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

Samer S. Majzoub

4/15/03

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

NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to: Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MAJZOUB, SAMER S**
STREET ADDRESS **P.O. BOX 953066**
CITY-ST-ZIP **LAKE MARY FL 32795**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SAMER S. MAJZOUB, MGRM 4/10/03 (408) 4933500

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

Date

Daytime Phone #

CR2E083 (10/02)