

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002196

1. Entity Name
REALMED REALTY, LLC



Principal Place of Business
1001 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

Mailing Address
1001 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

FILED

Aug 01, 2008 08:00 AM
Secretary of State



07212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1631471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDEIROS, ROBERT E
1001 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-08

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REALEJO, FRANK
1001 PONCE DE LEON BLVD
ST AUGUSTINE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REALEJO, MARIA G
1001 PONCE DE LEON BLVD
ST AUGUSTINE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MEDEIROS, ROBERT E
1001 PONCE DE LEON BLVD
ST AUGUSTINE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MEDEIROS, MARIE I
1001 PONCE DE LEON BLVD
ST AUGUSTINE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000956846
08/01/08-80002-008 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

7-28-08

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

Date

Daytime Phone #