

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 13, 2008 08:00 AM  
Secretary of State

DOCUMENT # L02000013378

1. Entity Name  
REE-BAR, L.L.C.



Principal Place of Business  
1368 COUNTRY CLUB ROAD  
GULF BREEZE, FL 32563

Mailing Address  
1368 COUNTRY CLUB ROAD  
GULF BREEZE, FL 32563



02012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0418537

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REESE, RANDALL E M.D.  
1368 COUNTRY CLUB ROAD  
GULF BREEZE, FL 32563

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
REESE, RANDALL E  
1368 COUNTRY CLUB ROAD  
GULF BREEZE, FL 32563

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KLEIN, PAMELA M  
1368 COUNTRY CLUB ROAD  
GULF BREEZE, FL 32563

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000827303  
02/21/08-80085-005 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

2/8/08 850-934-9876