

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000015474

1. Entity Name
RAD REAL ESTATE, L.L.C.



Principal Place of Business
527 N PALO ALTO AVE
PANAMA CITY, FL 32401

Mailing Address
P.O. BOX 1770
PANAMA CITY, FL 32402



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1019453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLAN, CHARLES D
527 NORTH PALO ALTO
PANAMA CITY, FL 32401

**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

U000000821849
02/19/08-80043-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STROHMENGER, JAMES M
527 NORTH PALO ALTO
PANAMA CITY, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAILEY, CARL G JR
527 NORTH PALO ALTO
PANAMA CITY, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRESSER, GREGORY A
527 NORTH PALO ALTO
PANAMA CITY, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAMEY, SCOTT L
527 NORTH PALO ALTO
PANAMA CITY, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOGUE, LLOYD
527 NORTH PALO ALTO
PANAMA CITY, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Scott L. Ramey

2/8/07

Date

850-747-4906

Daytime Phone #