## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000029106

Entity Name: REMAXCO, L.L.C.

City-St-Zip:

KISSIMMEE, FL 34758

FILED Mar 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 310 MORGAN WAY KISSIMMEE, FL 34758 **Current Mailing Address: New Mailing Address:** 310 MORGAN WAY KISSIMMEE, FL 34758 FEI Number: 32-0040403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAMARA, JOLENE KAY 310 MORGAN WAY KISSIMMEE, FL 34758 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition SAMARA, ABDERRAHMAN Y Name: Name: Address: 310 MORGAN WAY Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: SAMARA, JOLENE KAY Name: Address: 310 MORGAN WAY Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SAMARA, YUSUF Name: Name: 310 MORGAN WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

City-St-Zip:

SIGNATURE: JOLENE SAMARA MGRM 03/29/2009