

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503269900040
9/24/2003-90046-043-\$55.00-\$55.00

DOCUMENT # L02000033370

1. Entity Name

REES 9, LLC



FILED

2003 OCT -8 AM 9:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

212 NORTH BAY HILLS BLVD.
SAFETY HARBOR FL 34695

212 NORTH BAY HILLS BLVD.
SAFETY HARBOR FL 34695

601 S. Fremont Ave
Tampa, FL 33606

601 S. Fremont Ave
Tampa, FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601 S. Fremont Ave.
Tampa, FL

City & State

4. FEI Number

59-2472934

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEFMAN, DAVID
212 NORTH BAY HILLS BLVD.
SAFETY HARBOR FL 34695

Name

Douglas L. Gease, P.A.

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

601 S. Fremont

City

Tampa,

FL

Zip Code

33606-2401

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

Douglas L. Gease

10/11/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. MANAGING MEMBERS/EDITIONS/CHANGES

TITLE ~~MGR~~
NAME REAL ESTATE EXCHANGE SERVICES, INC.
STREET ADDRESS 212 NORTH BAY HILLS BLVD.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE ~~MANAGING MEMBER~~
NAME DOUGLAS L. GEASE, P.A.
STREET ADDRESS 601 S. Fremont Ave.
CITY-ST-ZIP Tampa, FL 33606-2401 ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

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

Date

Daytime Phone #

Douglas L. Gease

CR2E083 (4/03)