

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033059

FILED
Jan 08, 2007
Secretary of State

Entity Name: REMILNET, LLC

Current Principal Place of Business:

3305 SEQUOYAH CIRCLE
JACKSONVILLE, FL 32259

New Principal Place of Business:

525 DEGAS AVE
PONTE VEDRA, FL 32081

Current Mailing Address:

3305 SEQUOYAH CIRCLE
JACKSONVILLE, FL 32259

New Mailing Address:

525 DEGAS AVE
PONTE VEDRA, FL 32081

FEI Number: 20-2168785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ESTHER D CPA
1329 KINGSLET AVE, STE. D
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: SLETTEBO, SARA R
Address: 3305 SEQUOYAH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: HALTER, STANLEY F
Address: 3305 SEQUOYAH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLETTEBO, SARA R
Address: 13955 SUMMER BREEZE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM (X) Change () Addition
Name: HALTER, STANLEY F
Address: 1851 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SARA R SLETTEBO

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date