

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033059

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: REMILNET, LLC

**Current Principal Place of Business:**

525 DEGAS AVE  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

13955 SUMMER BREEZE DRIVE EAST  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

525 DEGAS AVE  
PONTE VEDRA, FL 32081

**New Mailing Address:**

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: 13955 SUMMER BREEZE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32218

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SARA SLETTEBO

MGRM

03/20/2009

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