

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019523

Entity Name: REITCO, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

129 NE 44 ST
MIAMI, FL 33157

New Principal Place of Business:

15021 E.WATERFORD DR.
DAVIE, FL 33331

Current Mailing Address:

129 NE 44 ST
MIAMI, FL 33157

New Mailing Address:

15021 E.WATERFORD DR.
DAVIE, FL 33331

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ARMANDO
129 NE 44 ST
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

KORNREICH, BARRY
15021 E.WATERFORD DR.
DAVIE, FL 33331 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: BARRY KORNREICH

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VEILLEUX, KEVIN J
Address: 129 NE 44 ST
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: VEILLEUX, KENDALL S
Address: 129 NE 44 ST
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: KORNREICH, BARRY
Address: 15021 E. WATERFORD DR.
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES:

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

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: BARRY KORNREICH

VP

04/30/2009

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