

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039422

Entity Name: REALASSIST REALTY, LLC

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

2829 BIRD AVE
7
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2829 BIRD AVE
7
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-5330159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHEVALLIER, CLIFFORD C
2829 BIRD AVE. STE 7
COCONUT GROVE, FL 33133 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: MGR () Delete
Name: SANTAMARIA, NICOLE S
Address: 2829 BIRD AVE. STE 7
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: CHEVALLIER, CLIFFORD C
Address: 2829 BIRD AVE. STE 7
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANTAMARIA, NICOLE D
Address: 2821 COACOOCHEE ST.
City-St-Zip: MIAMI, FL 33133

Title: MGR (X) Change () Addition
Name: CHEVALLIER, CLIFFORD C
Address: 10240 SW 133 ST.
City-St-Zip: MIAMI, FL 33176

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: CLIFFORD C CHEVALLIER

MGR

05/21/2009

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