

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050786

Entity Name: REALM, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

14236 - 85TH AVE
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

PO BOX 7224
SEMINOLE, FL 33775 72

New Mailing Address:

FEI Number: 20-1387458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

VERDERICO, RICHARD A
14236 - 85TH AVE
SEMINOLE, FL 33776 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: VERDERICO, RICHARD A
Address: 14236 - 85TH AVE
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM () Delete
Name: VERDERICO, ESTHER M
Address: 14236 - 85TH AVE
City-St-Zip: SEMINOLE, FL 33776

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: DODGIN, BENJAMIN J
Address: 858 BECKETT WAY
City-St-Zip: TARPON SPRINGS, FL 34689

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: RICHARD VERDERICO

MGR

05/01/2009

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