

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000057093

1. Entity Name
PMD REALTY, LLC



Principal Place of Business
**4864 WEST BOULEVARD COURT
NAPLES, FL 34103-3046**

Mailing Address
**PO BOX 770640
NAPLES, FL 34107**



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEMISAY, MICHELE R
4864 WEST BOULEVARD COURT
NAPLES, FL 34103-3046**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michele Rene Demisy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-07

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000638782
02/27/07-80045-013 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEMISAY, MICHELE R
4864 WEST BOULEVARD COURT
NAPLES, FL 341033046**

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Michele Rene Demisy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-8-07 239-263-0737