

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071260

Entity Name: REMA, LLC

FILED  
Jan 09, 2007  
Secretary of State

**Current Principal Place of Business:**

2027 BONNIE AVE.  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

1553 ROXBURG LN  
DUNEDIN, FL 34698

**Current Mailing Address:**

PO BOX 422  
PALM HARBOR, FL 34682

**New Mailing Address:**

PO BOX 542  
DUNEDIN, FL 34697

FEI Number: 61-1490697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, RICHARD A  
2027 BONNIE AVE.  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

DAVIS, RICHARD A  
1553 ROXBURG LN  
DUNEDIN, FL 34698 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:

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, RICHARD A  
Address: 2027 BONNIE AVE.  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR ( ) Delete  
Name: GILBERT, GARRY  
Address: PO BOX 50564  
City-St-Zip: CASPER, WY 82605

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, RICHARD A  
Address: 1553 ROXBURG LN  
City-St-Zip: DUNEDIN, FL 34698

Title: MGR (X) Change ( ) Addition  
Name: GILBERT, GARRY  
Address: 3990 E 14TH ST  
City-St-Zip: CASPER, WY 82609

I hereby certify that the information supplied with this filing does not qualify for the 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 A DAVIS

MGRM

01/09/2007

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