# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000079819

**1. Entity Name**
REYMIT LLC

*Check*
*1062*

| Principal Place of Business | Mailing Address |
|---|---|
| 10086 GRIFFIN ROAD<br>COOPER CITY, FL 33328 | 10086 GRIFFIN ROAD<br>COOPER CITY, FL 33328 |

**DO NOT WRITE IN THIS SPACE**

04122007 No Chg-LLC    CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 20-3310381 | Not Applicable |

**5. Certificate of Status Desired**    **$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

RICHARD M. WEINER, P.A.
7479 NW 4TH STREET
PLANTATION, FL 33317

**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 _____

Signature, typed or printed name of registered agent and title if applicable.        (NOTE: Registered Agent signature required when reinstating)        DATE

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

### 9. MANAGING MEMBERS/MANAGERS

| TITLE | MGRM |
|---|---|
| NAME | DOUGLAS, MITCHELL L |
| STREET ADDRESS | 10086 GRIFFIN ROAD |
| CITY-ST-ZIP | COOPER CITY, FL 33328 |

| TITLE | MGRM |
|---|---|
| NAME | NORMA, MITCHELL G |
| STREET ADDRESS | 10086 GRIFFIN ROAD |
| CITY-ST-ZIP | COOPER CITY, FL 33328 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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| NAME | |
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| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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04/26/07-80032-015  50.00

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:** *Norma Mitchell*    4/12/07    954-252-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #