

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90128 046 ***138.75

DOCUMENT # L06000015546

1. Entity Name
REALMARK MANAGEMENT SERVICES, LLC



Principal Place of Business

**5789 CAPE HARBOUR DRIVE, SUITE 201
CAPE CORAL, FL 33914**

Mailing Address

**5789 CAPE HARBOUR DRIVE, SUITE 201
CAPE CORAL, FL 33914**

60021571



02262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4927052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE, SUITE 350
FT. MYERS, FL 33907**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STOUT, WILLIAM J JR.
STREET ADDRESS	5789 CAPE HARBOUR DRIVE, SUITE 201
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VP
NAME	CRAIG A. DEARDEN
STREET ADDRESS	5789 CAPE HARBOUR DRIVE, SUITE 201
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

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

William J. Stout, Jr

3-25-08

Date

239-541-1372

Daytime Phone #