

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90249 011 ***138.75

DOCUMENT # L06000042165

1. Entity Name
REMEDIIUM INVESTMENT GROUP, LLC



Principal Place of Business

**4400 E HIGHWAY 20
STE 304
NICEVILLE, FL 32578**

Mailing Address

**C/O STEVEN T WELCH
4400 E HWY 20 STE 304
NICEVILLE, FL 32578**

2. Principal Place of Business - No P.O. Box #
1706 15th St

3. Mailing Address
1706 15th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Niceville FL

City & State
Niceville FL

Zip
32578

Country
USA

Zip
32578

Country
USA

02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4791341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELCH, STEVEN T
4400 E HWY 20
STE 304
NICEVILLE, FL 32578**

Name **Paul D Hart**

Street Address (P.O. Box Number is Not Acceptable)

1706 15th St

City **Niceville**

FL

Zip Code **32578**

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  **Paul D. Hart, Manager**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HART, PAUL D
1706 15TH ST
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PEDONE, JOSEPH
129 E REDSTONE AVE STE A
CRESTVIEW, FL 32539** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BUONO, MARK A
205 WINDSONG CT
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
AMOS, WARREN R
829 CHOCTAW LN
SHALIMAR, FL 32579** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BLANKENSHIP, WYNDAL K
115 BAYWIND DR
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HOWELL, JAMES W
21 W MAIN AVE
DEFUNIAK SPRINGS, FL 32435** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #