

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90516 012 ***138.75

DOCUMENT # L06000073029

1. Entity Name
LRDM, LLC



Principal Place of Business
636 GENEVA PLACE
TAMPA, FL 33606

Mailing Address
636 GENEVA PLACE
TAMPA, FL 33606

60043915



DO NOT WRITE IN THIS SPACE

04222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5456308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HINES, JR., JAMES P ESQ.
HINES NORMAN HINES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PREISER, MADGE
2912 W SITIOS ST APT B
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PREISER, RANDALL
636 GENEVA PL
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PREISER, DOUGLAS
208 W DAVIS BLVD
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Date

Daytime Phone #

RANDALL PREISER, MGR

April 23 2008

541 9959