

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110055

Entity Name: REIMS HOLDINGS, LLC

FILED  
Jan 24, 2008  
Secretary of State

**Current Principal Place of Business:**

425 WEST 41ST STREET  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6481  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number: 20-5877175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARAN CORREA GUARCH & SHAPIRO, P.A.  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REIMS MANAGEMENT INC, .  
Address: P.O. BOX 6481  
City-St-Zip: SURFSIDE, FL 33154

Title: P ( ) Delete  
Name: NEVAREZ, ALICIA E  
Address: 4601 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete  
Name: NEVAREZ, RICARDO A  
Address: P.O. BOX 5916  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO A. NEVAREZ

D

01/24/2008

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