

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000112026

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** REAMS AND REAMS, PLLC

**Current Principal Place of Business:**

825 E. DOGWOOD STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 339  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 20-5920690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REAMS, RODNEY E  
825 E. DOGWOOD STREET  
MONTICELLO, FL 32344 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:** MGRM  
**Name:** REAMS, RODNEY E  
**Address:** 825 E. DOGWOOD STREET  
**City-St-Zip:** MONTICELLO, FL 32344

**Title:** MGRM  
**Name:** REAMS, RODNEY A  
**Address:** 825 E. DOGWOOD STREET  
**City-St-Zip:** MONTICELLO, FL 32344

I hereby 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:** RODNEY E. REAMS

MGRM

04/18/2011

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