

ANNUAL REPORT (AR)

DOCUMENT # L06000113020

1. Entity Name
REALTRAN, LLC



Principal Place of Business
**14040 SCHULTZ ROAD SW
FORT MYERS FL 33908
US**

Mailing Address
**14040 SCHULTZ ROAD SW
FORT MYERS FL 33908
US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc. *Same*
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc. *Same*
City & State
Zip Country

FILED
2007 APR 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/06)

4. FEI Number
20-5933073

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PARSONS, CHARLES F
14040 SCHULTZ ROAD SW
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Same
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Florida Department of State.
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARSONS, CHARLES F 14040 SCHULTZ ROAD SW FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHUB, MARK 115 SLADES CORNER ROAD SOUTH DARTMOUTH MA 02748 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	04/13/07 90035 048 \$50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 Section 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: *Charles F. Parsons* **4/20/07** **239 454-8533**

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