

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008015

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: REMS OFFICE, LLC

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE 335  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE 335  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

FEI Number: 45-0574892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LECHTER, ROBERT S  
4651 SHERIDAN STREET  
SUITE 335  
HOLLYWOOD, FL 33021 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: LECHTER, ROBERT S  
Address: 1150B EAST HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE, FL 33009 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LECHTER, ROBERT S  
Address: 4651 SHERIDAN STREET SUITE 335  
City-St-Zip: HOLLYWOOD, FL 33021

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: ROBERT LECHTER

MGR

04/16/2009

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