

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013489

FILED
Mar 30, 2008
Secretary of State

Entity Name: REAL ESTATE REMEDIES OF FL, LLC

Current Principal Place of Business:

9438 U.S. HWY 19N #211
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

9438 U.S. HWY 19N #211
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 20-8426790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALEY, BARBARA
10308 SARANAC TRAIL
HUDSON, FL 34667 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 () Delete
Name: STALEY, BARBARA
Address: 9438 U.S. HWY 19N #211
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM () Delete
Name: STALEY, KIRK
Address: 9438 U.S. HWY 19N #211
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM () Delete
Name: SALAMONE, TONY
Address: 9438 U.S. HWY 19N #211
City-St-Zip: PORT RICHEY, FL 34668

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: BARBARA STALEY

MGRM

03/30/2008

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