

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000061000

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** REEL LIVING REAL ESTATE, LLC

**Current Principal Place of Business:**

5213 SW 75TH TERRACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

274 WORLEY ST  
CHOKOLOSKEE, FL 34138

**Current Mailing Address:**

279 WORLEY ST  
CHOKOLOSKEE, FL 34138

**New Mailing Address:**

274 WORLEY ST  
PO BOX 218  
CHOKOLOSKEE, FL 34138

**FEI Number:** 26-2862734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRADFORD, TERI L  
279 WORLEY STREET  
CHOKOLOSKEE, FL 34138 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:** OLIN, TIMOTHY J  
**Address:** 274 WORLEY ST  
**City-St-Zip:** CHOKOLOSKEE, FL 34138

**Title:** PT  
**Name:** OLIN, TIMOTHY J  
**Address:** 274 WORLEY ST  
**City-St-Zip:** CHOKOLOSKEE, FL 34138

**Title:** MGRM  
**Name:** BRADFORD, TERI L  
**Address:** 274 WORLEY ST  
**City-St-Zip:** CHOKOLOSKEE, FL 34138

**Title:** VPS  
**Name:** BRADFORD, TERI L  
**Address:** 274 WORLEY ST  
**City-St-Zip:** CHOKOLOSKEE, FL 34138

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:** TERI L. BRADFORD

MGRM

04/28/2012

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