

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088815

Entity Name: REAMES LLC.

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

234-9TH STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 577  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

FEI Number: 35-2349440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REAMES, DANIEL F  
234-9TH STREET  
WEST PALM BEACH, FL 33401 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  
Name: DANIEL F REAMES & GRACE S REAMES REV.TRUST  
Address: 234-9TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM  
Name: REAMES, DANIEL F  
Address: 234-9TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM  
Name: REAMES, GRACE S  
Address: 234-9TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

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: DANIEL F. REAMES

MGRM

01/23/2011

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