

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90103 034 ***138.75

DOCUMENT # L99000008686

1. Entity Name
AMERIREACH.COM, LLC



Principal Place of Business
**2772 BINGLE RD
HOUSTON, TX 77055**

Mailing Address
**2772 BINGLE RD
HOUSTON, TX 77055**

60011291



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-0966732

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLARDE, LOUIS
5528 NW 58TH AVE
CORAL SPRINGS, FL 33067**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REOMAN, STEVEN
1600 ELDRIDGE PKWY #1802
HOUSTON, TX 77077** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2772 Bingle Rd.
Houston TX 77055** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COCHEU, BARRY
14114 BURNHART
HOUSTON, TX 77077** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2772 Bingle Rd.
Houston TX 77055** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GALLARDO, LOUIS
5528 NW 58TH AVE
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2772 Bingle Rd.
Houston TX 77055** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Telephone Number

2/25/2008 (713) 464-9541