

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L99000009381

1. Entity Name
REA, L.L.C.



Principal Place of Business

2600 SOUTH FLORIDA AVENUE
STE 2-A
LAKELAND, FL 33803

Mailing Address

2600 SOUTH FLORIDA AVENUE
STE 2-A
LAKELAND, FL 33803



04112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIDOVICH, ANTHONY
2600 S. FLORIDA AVENUE
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCCALL, MARY J
2600 SOUTH FLA AVE
LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOSS, MICHAEL
2600 SOUTH FLA AVE
LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WARD, GIL
2600 SOUTH FLA AVE
LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRIDOVICH, ANTHONY S
2600 SOUTH FLA AVE
LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/07 863 680 3322