

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 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



04142008No Chg-LLC

CR2E083 (12/07)

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCALL, MARY J
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-STATE-ZIP	LAKELAND, FL
TITLE	MGRM
NAME	DOSS, MICHAEL
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-STATE-ZIP	LAKELAND, FL 33803
TITLE	MGRM
NAME	WARD, GIL
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-STATE-ZIP	LAKELAND, FL
TITLE	MGRM
NAME	FRIDOVICH, ANTHONY S
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-STATE-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1000000901866
04/29/08-80086-005 138.75

**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

Anthony S. Fridovich

04-15-08

Date

863 680 3322

Daytime Phone #