

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000629

Entity Name: THE REMI GROUP LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11325 N COMMUNITY HOUSE ROAD, STE 300  
CHARLOTTE, NC 28277

**New Principal Place of Business:**

**Current Mailing Address:**

11325 N COMMUNITY HOUSE ROAD, STE 300  
CHARLOTTE, NC 28277

**New Mailing Address:**

FEI Number: 55-0808152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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: SCHUSTER, DANIEL  
Address: 11325 N COMMUNITY HOUSE ROAD, STE 300  
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR  
Name: HOWISON, BRENT  
Address: 11325 N COMMUNITY HOUSE ROAD, STE 300  
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR  
Name: BARCLIFT, LAURA  
Address: 11325 N COMMUNITY HOUSE ROAD, STE 300  
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR  
Name: FLEISCHACKER, ROBERT  
Address: 11325 N COMMUNITY HOUSE ROAD, STE 300  
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR  
Name: LANDON, BRIAN  
Address: 11325 N COMMUNITY HOUSE ROAD, STE 300  
City-St-Zip: CHARLOTTE, NC 28277

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: BRIAN LANDON

CFO

04/09/2012

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