

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016903

**Entity Name:** REMAN, LLC

**Current Principal Place of Business:**

4131 UNIVERSITY BOULEVARD SOUTH  
#8  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

P.O. BOX 55115  
JACKSONVILLE, FL 32216

**FEI Number:** 14-1906642

**Certificate of Status Desired:** No

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

VAID, ROHIT J ESQ  
4131 UNIVERSITY BLVD S #8  
JACKSONVILLE, FL 32216 US

*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:** ROHIT J VAID

03/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ELIAS N. SAIKALI  
Address 4131 UNIVERSITY BOULEVARD S., #8  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BASSAM ABOUTAYEH

OFFICE MANAGER

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date