## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000147424

Entity Name: RAM REALTY SERVICES LLC

**Current Principal Place of Business:** 

4801 PGA BOULEVARD

PALM BEACH GARDENS, FL 33418

**Current Mailing Address:** 

4801 PGA BOULEVARD

PALM BEACH GARDENS. FL 33418

FEI Number: 46-1967731 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUMMINGS, KEITH L 4801 PGA BOULEVARD PALM BEACH GARDENS, FL 33418 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:

Electronic Signature of Registered Agent

Date

FILED Mar 27, 2017

**Secretary of State** 

CC5341990957

Authorized Person(s) Detail:

Title MGR, CEO, DIRECTOR Title VF

Name CUMMINGS, KEITH L Name GELLER, KAREN D.

Address 4801 PGA BOULEVARD Address 4801 PGA BOULEVARD

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT Title VP

Name STINE, JAMES W. Name ALBRIGHT, SUZANNE
Address 4801 PGA BOULEVARD Address 4801 PGA BOULEVARD

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP Title VP

NameSTULL, JENNIFERNamePORTER, JONATHANAddress4801 PGA BOULEVARDAddress4801 PGA BOULEVARD

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR / BROKER
Name ATKIN, MEGAN S

Address 4801 PGA BOULEVARD

City-State-Zip: PALM BEACH GARDENS FL 33418

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: KAREN D. GELLER VICE PRESIDENT 03/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date