

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 038 ****50.00

DOCUMENT # L01000012470

1. Entity Name

RDD, LLC

949264

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

789 Crandom Blvd, Ocean Club

3. Mailing Address

Same

Suite, Apt. #, etc.

Tower I, Suite 1104

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

Key Biscayne

City & State

Same

4. FEI Number

65-1144704

Applied For

Not Applicable

Zip

33149

Country

Dade County

Zip

Same

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GRISALES & ALFANO, LLC

Street Address (P.O. Box Number is Not Acceptable)

999 BRICHEL AVENUE

SUITE 700

City

MIAMI

FL

Zip Code

33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

04/15/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Managing Member
RDD LLC, II CORP.
789 Crandom Blvd, Ocean Club 501104
Key Biscayne, Florida 33149

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/15/2002 (305) 3774540

Date

Daytime Phone #

CR2E083B (12/01)