

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000217278

**Entity Name:** REDLAND FAMILY ASSISTANCE, LLC

**Current Principal Place of Business:**

26250 S.W. 194 AVENUE  
MIAMI, FL 33031

**Current Mailing Address:**

26250 S.W. 194 AVENUE  
MIAMI, FL 33031 US

**FEI Number: 81-4579928**

**Certificate of Status Desired: No**

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

BRYN & ASSOCIATES P.A.  
2 SOUTH BISCAYNE BLVD.  
SUITE 2680  
MIAMI, FL 33131 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	MILLS, JOHN	Name	BRYN, MARK
Address	26250 S.W. 194 AVENUE	Address	2 SOUTH BISCAYNE BLVD., SUITE 2680
City-State-Zip:	MIAMI FL 33031	City-State-Zip:	MIAMI FL 33131

*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: JOHN MILLS**

**MANAGER**

**02/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date