

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009222

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: REDFISH, L.L.C.

## Current Principal Place of Business:

305 S GADSDEN STREET  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

305 S GADSDEN STREET  
TALLAHASSEE, FL 32301

## New Mailing Address:

FEI Number: 59-3723796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAHAM, WILLIAM B  
305 S GADSDEN STREET  
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: MGRM ( ) Delete  
Name: GRAHAM, WILLIAM B  
Address: 305 S GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete  
Name: MURRAY, ED  
Address: 2117 JENNETTE STREET  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: DESLOGE, BRYAN  
Address: 3057 HAWKS GLEN  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: RAINEY, RUSS  
Address: 1123 MARTIN STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: LANGFORD, ROB  
Address: 411 SHANTILLY TERRACE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: KIRBO, BEN  
Address: 6173 TRAILWOOD CT  
City-St-Zip: TALLAHASSEE, FL 32311

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM B GRAHAM

MGRM

04/28/2009

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