

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009222

**FILED**  
**Mar 14, 2012**  
**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  
**Name:** GRAHAM, WILLIAM B  
**Address:** 305 S GADSDEN STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** MGRM  
**Name:** BUTLER, WILLIAM F  
**Address:** 106 E. COLLEGE AVE., STE 810  
**City-St-Zip:** TALLAHASSEE, FL 32301

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

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

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

I hereby 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

03/14/2012

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