

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009350

Entity Name: REDOUBTED, LLC

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

425 W COLONIAL DR  
SUITE 204  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1170 TREE SWALLOW DR.  
#404  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

425 W COLONIAL DR  
SUITE 204  
ORLANDO, FL 32804

FEI Number: 59-3724074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOODS, JONATHAN D ESQ  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804 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: MGR  
Name: WOODS, JONATHAN D  
Address: 425 W. COLONIAL DR. STE. 204  
City-St-Zip: ORLANDO, FL 32804

Title: MGR  
Name: WOODS, TAMMIE C  
Address: 425 W. COLONIAL DR. STE. 204  
City-St-Zip: ORLANDO, FL 32804

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: JONATHAN D. WOODS

MGR

03/22/2011

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