

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 015 *****50.00

DOCUMENT # L01000009350

1. Entity Name

REDOUBTED, LLC



Principal Place of Business

15 WEST CHURCH ST
SUITE 203
ORLANDO FL 32801

Mailing Address

15 WEST CHURCH ST
SUITE 203
ORLANDO FL 32801

2. Principal Place of Business

425 W. Colonial Dr.

3. Mailing Address

425 W. Colonial Dr.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

U.S.

Zip

32804

Country

U.S.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3724074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODS, JONATHAN D ESQ
15 WEST CHURCH ST
SUITE 203
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

"SAME"

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

425 W. Colonial Dr.

Suite 204

City

Orlando

FL

Zip Code

32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WOODS, JONATHAN D
STREET ADDRESS 15 W CHURCH ST SUITE 203
CITY-ST-ZIP ORLANDO FL 32801

10. ADDITIONS/CHANGES

TITLE MGR
NAME WOODS, JONATHAN D
STREET ADDRESS 425 W. Colonial Dr., Suite 204
CITY-ST-ZIP Orlando, FL 32804

TITLE
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
Jonathan D. Woods, MGR

4/30/03 407-650-8133

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

Date

Daytime Phone #

CR2E083 (10/02)