FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91553 038 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012470

1. Entity Name
RDD, LLC

DO NOT WRITE IN THIS SPACE

949264

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
789 Crandom Blvd, Ocean Club	Same
Suite, Apt. #, etc.: Tower I, Suite 1104	Suite, Apt. #, etc.: Same
City & State: Key Biscayne	City & State: Same
Zip: 33149 Country: Dade-County	Zip: Same Country:

4. FEI Number 65-1144704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name: GRISALES & ALFANO, LLC
Street Address (P.O. Box Number is Not Acceptable): 999 BRICKELL AVENUE
SUITE 700
City: MIAMI FL Zip Code: 33131

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.

SIGNATURE ____________ DATE 04/15/2002.
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member
NAME	RDD LLC, II CORP
STREET ADDRESS	789 Crandom Blvd. Ocean Club Suite 1104
CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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: X ____________ 04/15/2002 (305)3774540.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #