

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000012470

1. Entity Name

RDD, LLC



FILED

03 OCT -2 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2121 PONCE DE LEON BLVD.

3. Mailing Address
2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE 240

Suite, Apt. #, etc.
SUITE 240

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

City & State
CORAL GABLE, FL

4. FEI Number 651144704

Applied For
Not Applicable

Zip
33134

Country
FLORIDA

Zip
33134

Country
FLORIDA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GABRIEL-PRATS

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

2121 PONCE DE LEON BLVD. SUITE 240

City CORAL GABLES,

FL

Zip Code
33134

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.

9-22-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RDD, LLC.
2121 PONCE DE LEON BLVD. SUITE 240
CORAL GABLES, FLORIDA 33134

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300023514813
10/02/03--01053--011 **55.00

**DO NOT WRITE
IN THIS SPACE**

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:

Manager

9-22-03

305-444-8333

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

Date

Daytime Phone #

CR2E0838 (12/02)