

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000016296 1. Entity Name REDALCACY LLC	
--	---

Principal Place of Business 7392 NW 35 TERR STE 206 MIAMI, FL 33122	Mailing Address 7392 NW 35 TERR STE 206 MIAMI, FL 33122
---	---



08182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139498	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**STEIN, JORGE E
7392 NW 35 TERR 206
MIAMI, FL 33122**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEIN, JORGE E 2725 SALZEDO STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEIN, JORGE E 7392 NW 35 TERR 206 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEIN, JORGE E 7392 NW 35 TERR 206 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000376906
08/22/05-80007-015 50.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JORGE E. STEIN 8/18/05 786-621-4335