2008 LIMITED LIABILITY COMPANY

Jan 28, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #L01000016296** 01-28-2008 90072 001 ***138.75 1. Entity Name REDÁLCACY LLC Principal Place of Business Mailing Address 168 SE 1ST ST H168 SE 1ST ST MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 CR2E083 (12/06) Chg-LLC City & State Applied For City & State 4. FEI Number 65-1139498 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN, JORGE E 168 SE 1ST ST STE 601 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Addition Delete 8 S.E. 1 St. Stock - Suite 601 STEIN, JORGE E NAME NAME 7392 NW 95TH TERR 206 STREET ADDRESS STREET ADDRESS MIAMI - FL- 33131 CITY-ST-ZIP MIAMI, FL-33122 CITY-ST-ZIP Ronou, Noebeet Change MGR TITLE TITLE N67 Delete ☐ Addition ROMANL NORDERTO NAME NAME 68 S.E. 1st Steet - Svite 601 STREET ANDRESS 7000 NW 00 TERR 200 STREET ADDRESS MI ANI- FL -33131 CITY-ST-ZZF MIAMI, FL 33122 CITY-ST-ZIP TITLE Delete TIFLE Change Addition Stein, Louge E. STEIN, JORGE E> NAME NAME 7202 NW 35 TERR 200 STREET ADORESS STREET ADDRESS MIAMI-CITY-ST-ZIP MIAMI; FL 33122 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ROMAN, NORBERTO NAME STREET ADDRESS 7392 NW 35 TERR STREET ADDRESS MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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108PEB10 SIGNATURE: INTER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that by 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 redeiver or yustee embowered to execute this report as required by Chapter 608, Florida Statutes.