

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

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90014 006 ****50.00

DOCUMENT # *L02000028124*

1. Entity Name

Redshift, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3455 Countryside Blvd.

3. Mailing Address

"SAME"

Suite, Apt. #, etc.

70

Suite, Apt. #, etc.

City & State

Clearwater

City & State

Zip

33761

Country

Pinellas

Zip

Country

4. FEI Number

81-0571502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael J. Caputi

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

3455 Countryside Blvd

70

City

Clearwater

FL

Zip Code
33761

**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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MEMBER
STREET ADDRESS
MICHAEL J. CAPUTI
CITY-ST-ZIP
3455 Countryside Blvd. # 70
Clearwater FL 33761

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

5/12/03 727-804-1000

Date

Daytime Phone #

CR2E083B (12/02)