

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50.00

FILED

07 FEB 15 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L03000041283

1. Entity Name  
REDLANDS THREE, LLC

Principal Place of Business  
17855 SW 248TH STREET  
HOMESTEAD, FL 33031

Mailing Address  
17855 SW 248TH STREET  
HOMESTEAD, FL 33031



01112007No Chg-LLC

CR2E083 (11/05)

87

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-0618232

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUTZKE, BARNEY W SR.  
17855 SW 248TH STREET  
HOMESTEAD, FL 33031

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 re-registering)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

700088900827  
02/21/07--01026--024 \*\*350.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RUTZKE, BARNEY W SR.  
17855 SW 248TH STREET  
HOMESTEAD, FL 33031

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 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 #

*Barney W. Rutzke* Barney W. Rutzke

2-17-07

305-245-4595