

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032325

Entity Name: REDOZ, LLC

FILED  
Feb 02, 2005  
Secretary of State

**Current Principal Place of Business:**

15336 OAKLAND AVE.  
OAKLAND, FL 34760

**New Principal Place of Business:**

15336 OAKLAND AVE.  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P.O. BOX 126  
OAKLAND, FL 34760

**New Mailing Address:**

FEI Number: 38-3715281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASMA, WILLIAM N P.A.  
884 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: DOSHNA, JOHN JR  
Address: 15336 OAKLAND AVE.  
City-St-Zip: OAKLAND, FL 34760

Title: MGR ( ) Delete  
Name: DOSHNA, EVELYN O  
Address: 15336 OAKLAND AVE.  
City-St-Zip: OAKLAND, FL 34760

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DOSHNA, JOHN JR  
Address: 15336 OAKLAND AVE.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR (X) Change ( ) Addition  
Name: DOSHNA, EVELYN O  
Address: 15336 OAKLAND AVE.  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EVELYN O. DOSHNA

MGR

02/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date