

DOCUMENT # L04000059004

1. Entity Name
REDCAP COMMUNICATIONS LLC.

FILED

05 MAY -3 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
4720 EMERALD FOREST WAY
STE., 2106
ORLANDO, FL 32811Mailing Address
P.O. BOX 1044
WINDERMERE, FL 34786 US

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIDGE, W. LLOYD
4720 EMERALD FOREST WAY
SUITE 2106
ORLANDO, FL 32811

Name

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

City

FL

Zip Code

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, the new agent.

SIGNATURE

Signature of the new agent or the name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

4/28/05

Filing Fee is \$50.00
Due by May 1, 2005Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
BRIDGE, W. LLOYD
4720 EMERALD FOREST WAY, APT. 2106
ORLANDO, FL 32811 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
400054262634
05/11/05--01015--001 **200.00TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
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CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/05

407-832-5214

Daytime Phone #