

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083481

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: REDINGTON CAPITAL, LLC

**Current Principal Place of Business:**

231 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 514  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

FEI Number: 20-1885993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STANLEY, BRYAN J ESQUIRE  
114 TURNER STREET  
CLEARWATER, FL 33756 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DANIELSON, BRUCE  
Address: P.O. BOX 514  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM ( ) Delete  
Name: STOBER, ERIC  
Address: P.O. BOX 514  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM (X) Delete  
Name: KRAUSER, PETE  
Address: P.O. BOX 514  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRUCE DANIELSON

MGRM

04/27/2009

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