2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AP)

FILED May 23, 2005 8:00 am Secretary of State

DOCUMENT # L04000090880 04-27-2005 90024 042 ****50.00 1. Entity Name REDALCACY HOLDINGS, LLC Principal Place of Business Mailing Address 7392 NW 35TH TERRACE, SUITE 206 MIAMI FL 33122 7392 NW 35TH TERRACE, SUITE 206 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Foe Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN, JORGE E Street Address (P.O. Box Number is Not Acceptable) 7392 NW 35TH TERRACE, SUITE 206 MIAMI FL 33122 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 registered agent. (NOTE Registered Agent signature recurred when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Defets TITLE Change Addition STEIN, JORGE E NAME NAME STREET ADDRESS 7392 NW 35TH TERRACE, SUITE 206 STREET ADDRESS C(1Y - S1 - Z)P MIAMI FL 33122 CITY-ST-7/P Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-51-712 CITY-ST-7P ME ☐ Detete TITLE ☐ Change ☐ Addition MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUY-ST-7P TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-S1-7IP CITY-ST-ZIP 117LE ☐ Detete HILE Change Addition NAME NAME STREET ADDRESS STREET AGGRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NO TYPEO OR PROVIDE OR NAME OF SO

JORGE E.STEIN

Oelete

4/21/05

186-621-4335

Daytime Phone #

☐ Change

Addition