

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90188 001 \*\*\*150.00

**DOCUMENT # L05000019131**

1. Entity Name  
**REDLANDS COVE DEVELOPMENT, L.L.C.**



Principal Place of Business

**12248 SW 133 CT  
MIAMI, FL 33186**

Mailing Address

**12248 SW 133 CT  
MIAMI, FL 33186**



04282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-1112738**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, OMAR  
12248 SW 133 CT  
MIAMI, FL 33186**

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	DELGADO, OMAR
STREET ADDRESS	12248 SW 133 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	P
NAME	AVILA, JAVIER
STREET ADDRESS	12248 SW 133 CT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	P
NAME	NAVARRETE, FRANCISCO A
STREET ADDRESS	12248 SW 133 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	P
NAME	NAVARRETE, JOSE E
STREET ADDRESS	12248 SW 133 CT
CITY-ST-ZIP	MIAMI, FL 33186
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

*4/28/08*

Date

Daytime Phone # \_\_\_\_\_