


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90050 017 \*\*\*138.75

<b>DOCUMENT # L05000064657</b>	
1. Entity Name <b>RED REINDER LLC</b>	

Principal Place of Business <b>4850 SW 72ND AVENUE MIAMI, FL 33155</b>	Mailing Address <b>4850 SW 72ND AVENUE MIAMI, FL 33155</b>
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2. Principal Place of Business - No P.O. Box # <b>9840 SW 77th Ave</b>	3. Mailing Address <b>9840 SW 77th Ave.</b>
Suite, Apt. #, etc. <b>301</b>	Suite, Apt. #, etc. <b>301</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33150</b>	Country <b>USA</b>

**60001560**



01082008 Chg-LLC CR2E083 (12/06)

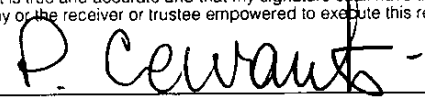
4. FEI Number <b>20-5009680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CERVANTES, PAULINA A ESQ 4850 SW 72ND AVE MIAMI, FL 33155</b>	
7. Name and Address of New Registered Agent Name <b>Cervantes, Paulina A. ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9840 SW 77th Avenue</b> Suite <b>202</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33150</b>	

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 	DATE <b>1/8/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CERVANTES, PATRICIO 4850 SW 72ND AVENUE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cervantes, Patricio 9840 SW 77th Ave., #301 Miami, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date _____ Daytime Phone # _____