

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086804

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: RDEVIN, LLC.

**Current Principal Place of Business:**

2150 NORTH PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2150 NORTH PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 36-4579785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GALLETTA, JOHN JR.  
5431 A1A SOUTH  
101  
ST. AUGUSTINE, FL 32080 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: PATEL, KISH  
Address: 2150 NORTH PONCE DE LEON BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM ( ) Delete  
Name: PATEL, RITA  
Address: 2150 NORTH PONCE DE LEON BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, KISH  
Address: 2150 N PONCE DE LEON  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, RITA  
Address: 2150 N PONCE DE LEON  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, KISH  
Address: 2150 N PONCE DE LEON  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, RITA  
Address: 2150 N PONCE DE LEON  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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: KISH PATEL

GM

01/09/2009

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