

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:

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

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

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
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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