


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------------------|---|---|--|
| DOCUMENT # L05000104660 1. Entity Name REDLAND GREEN NORTH, LLC | | | |  | |
| Principal Place of Business 19025 S.W. 264 STREET HOMESTEAD FL 33031 | | | Mailing Address 19025 S.W. 264 STREET HOMESTEAD FL 33031 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-3812820 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SACHER, CHARLES P ESQ. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL 33134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR DAUGHERTY, MICHAEL J SR. 19025 S.W. 264 STREET HOMESTEAD FL 33031 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR DAUGHERTY, KAREN A 19025 S.W. 264 STREET HOMESTEAD FL 33031 | <input type="checkbox"/> Delete | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Michael J Daugherty</i> 2-1-07 305-248-8309 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | |



1st MOORE CR2E083 (10/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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DAUGHERTY, MICHAEL J SR.
19025 S.W. 264 STREET
HOMESTEAD FL 33031

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

MGR
DAUGHERTY, KAREN A
19025 S.W. 264 STREET
HOMESTEAD FL 33031

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SIGNATURE: *Michael J Daugherty* **2-1-07** **305-248-8309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE