

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90274 028 ***138.75

DOCUMENT# L06000008845

1. Entity Name
REDBRICKDELI, LLC.



Principal Place of Business
740 FLORIDA CENTRAL PARKWAY
SUITE 1000
LONGWOOD, FL 32750

Mailing Address
740 FLORIDA CENTRAL PARKWAY
SUITE 1000
LONGWOOD, FL 32750

60018647



2. Principal Place of Business - No P.O. Box#

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-LLC CR2E083(12/06)

City & State

City & State

4. FEIN Number

20-4182315

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LI, MIN
740 FLORIDA CENTRAL PARKWAY
SUITE 1000
LONGWOOD, FL 32750

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.

I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME LI, MIN
STREET ADDRESS 740 FLORIDA CENTRAL PARKWAY, SUITE 1000
CITY - ST - ZIP LONGWOOD, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME LI, YAO KANG
STREET ADDRESS 740 FLORIDA CENTRAL PARKWAY, SUITE 1000
CITY - ST - ZIP LONGWOOD, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, F.S. indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

I further certify that the information I am a managing member or manager of the company.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/08

Date

407 265 0600

Daytime Phone #