2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000077002

1. Entity Name
REDEVILLE LLC

Principal Place of Business	Mailing Address
6000 NW 97 AVENUE UNIT 14 MIAMI, FL 33178 US	6000 NW 97 AVENUE UNIT 14 MIAMI, FL 33178 US

DO NOT WRITE IN THIS SPACE

04152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5509674	Not Applicable

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

6. Name and Address of Current Registered Agent

MACHO, ROBERTO
15000 SW 42 TERRACE
MIAMI, FL 33185

DO NOT WRITE
IN THIS SPACE

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE, Registered Agent signature required when reinstating)   DATE

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

U00000905499
05/01/08-80055-011 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BARNIQUEL, MARCELO	
STREET ADDRESS	6000 NW 97 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____   4/16/08   (305) 591-0324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #