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008 LIMITED LIABILITY COMPANY ANNUAL REPORT	Apr 16, 2008 8:00 am Secretary of State
	04.16.3000.00115.003.***130.75

04-16-2008 90115 003 *138.75 DOCUMENT #L07000051506 1. Entity Name RED WARRIORS, LLC 50003648 Principal Place of Business Mailing Address 490 COMMODORE AVE. NW 490 COMMODORE AVE. NW PALM BEY, FL 32907 PALM BEY, FL 32907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-LLC CR2E083 (12/06) City & State City & State PALM Applied For 4. FEI Number 20-885140B Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE RUSHE, SIMONE 490 COMMODORE AVE. NW Street Address (P.O. Box Number is Not Acceptable) PALM BEY, FL 32907 City PALM Zip Code BAY 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. Vam familiar with, and accept the obligations of registered agent 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 ADDITIONS/CHANGES 10. MGR हाएंद्र 🏃 TITLE Change ☐ Addition ☐ Delete NAME ^ DE RUSHE, TRACY NAME 490 COMMODORE AVE. NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEY, FL 32907 CITY-ST-ZIP MGR ☐ Delete Addition TITLE TITLE DE RUSHE, DENISE NAME NAME STREET ADDRESS 490 COMMODORE AVE. NW STREET ADDRESS CITY-ST-ZIP PALM BEY, FL 32907 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP 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. SIMONE de RUSHE 321-474-1848

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