

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053330

Entity Name: REDEFINED DESIGN LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

135 NE 202ND TERRACE #N21
MAIMI, FL 33179

New Principal Place of Business:

135 NE 202ND TERRACE
N21
MAIMI, FL 33179

Current Mailing Address:

135 NE 202ND TERRACE #N21
MAIMI, FL 33179

New Mailing Address:

135 NE 202ND TERRACE
N21
MAIMI, FL 33179

FEI Number: 26-0198295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLAQUER, FIDIAS
76 FOREST CIR.
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

ILLESCAS, VICTOR
135 NE 202ND TERRACE
N21
MIAMI, FL 33179 US

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: VICTOR ILLESCAS

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ILLESCAS CHANG, VICTOR D
Address: 135 NE 202 TERR APT N21
City-St-Zip: MIAMI, FL 33179

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ILLESCAS, VICTOR D
Address: 135 NE 202 TERRACE APT N21
City-St-Zip: MIAMI, FL 33179

Title: MGR () Change (X) Addition
Name: AGUILAR, DIEGO A
Address: 1481 EAST GOLF VIEW DRIVE
City-St-Zip: PEMBROKE PINES, FL 33026

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: VICTOR ILLESCAS

MR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date