

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100541

FILED
Apr 30, 2009
Secretary of State

Entity Name: REDEFINED DEVELOPMENT LLC

Current Principal Place of Business:

329 NE 57TH STREET
MIAMI, FL 33137

New Principal Place of Business:

8413 STROELITZ STREET
NEW ORLEANS, LA 70118

Current Mailing Address:

329 NE 57TH STREET
MIAMI, FL 33137

New Mailing Address:

1134D CLEARVIEW PKWY
248
NEW ORLEANS, LA 70123

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELUS, JACLAIN
329 NE 57TH STREET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MARCELUS, JACLAIN CEO
Address: PO BOX 371528
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: PRINCE, JACKLIN VP
Address: 329 NE 57TH STREET
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: THE REDEFINED GROUP
Address: 329 NE 57TH STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MARCELUS, JACLAIN CEO
Address: 329 NE 57TH STREET
City-St-Zip: MIAMI, FL 33137 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACLAIN MARCELUS

P

04/30/2009

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