

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020654

Entity Name: REDCHIP CAPITAL, LLC

FILED
Jul 20, 2009
Secretary of State

Current Principal Place of Business:

5755 NORTH POINT PARKWAY SUITE 3
ALPHARETTA, GA 30022

New Principal Place of Business:

Current Mailing Address:

5755 NORTH POINT PARKWAY SUITE 3
ALPHARETTA, GA 30022

New Mailing Address:

500 WINDERLEY PLACE #100
MAITLAND, FL 32751

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND, FL 32751 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: MGR () Delete
Name: GENTRY, DAVE
Address: 500 WINDERLEY PLACE
City-St-Zip: MAITLAND, FL 32751

Title: MGR (X) Delete
Name: COHERD, DAVE
Address: 5755 NORTH POINT PARKWAY SUITE 3
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES:

Title: PPRE (X) Change () Addition
Name: GENTRY, RAYMOND D
Address: 500 WINDERLEY PLACE
City-St-Zip: MAITLAND, FL 32751

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: RAYMOND D GENTRY

CEO

07/20/2009

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