

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 25 PM 2:35

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L97000001378

REDFISH LIMITED COMPANY  
24565 KINGFISH STREET  
BONITA SPRINGS FL 34134

1a. Principal Place of Business Address

24565 KINGFISH STREET  
BONITA SPRINGS FL 34134

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

12/08/1997

FL

4. FEI Number

(INACTIVE)

☐ Applied For

☒ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

SR / Z: Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

ALLEN, JAMES E  
24565 KINGFISH STREET  
BONITA SPRINGS FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code   |
|-----------|---------------------------|-------------------------|--|
| MBR       | ALLEN, JAMES E            | 24565 KINGFISH STREET   | BONITA SPRINGS FL  |
| MBR       | REARDON, KEVIN D          | 24577 REDFISH STREET    | BONITA SPRINGS FL  |
| MBR       | ROSE, CARL E              | 1643 EASON              | WATERFORD MI   |
|           |                           |                         | 4000002473464--8<br>-03/31/98 -01047--001<br>****188.75 ****188.75 |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Kevin D. Reardon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

941-947-0348