Jan-30-02 12:51P Porras and Company; PA 305

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90119 034 ****50.00

DOCUMENT # L99000007682

1. Entity Name
REDMONT ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
9305 SW 130 ST MIAMI FL 33176-5795	9305 SW 130 ST MIAMI FL 33176-5795

2. Principal Place of Business		3. Mailing Address	
9369 SW 130 ST		P.O. Box 562964	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33176	Country: USA	Zip: 33256	Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-096X864 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, MARIA I
9305 SW 130 STREET
MIAMI FL 33176-5795

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 9369 SW 130 ST
City: MIAMI FL Zip Code: 33176-5763

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.

SIGNATURE ________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROJAS, MARIA I 9305 SW 130 STREET MIAMI FL 33176-5795	☐ Delete	9369 SW 130 ST Miami, FL 33176-5763	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROJAS OVIEDO, JESUS 9305 SW 130 STREET MIAMI FL 33176-5795	☐ Delete	9369 SW 130 ST Miami FL 33176-5763	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/01)

11. I 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 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.

SIGNATURE: [signature] MARIA ISABEL ROJAS 1/21/02 305 5250102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #