

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000804

1. Entity Name
REDINGTON, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:14

Principal Place of Business
820 SOUTH DIXIE HIGHWAY
STUART FL 34994

Mailing Address
820 SOUTH DIXIE HIGHWAY
STUART FL 34994-3803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0795815

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR PERKINS, LEIGH H
STREET ADDRESS 10 RIVER ROAD
CITY- ST- ZIP MANCHESTER VT 05254 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003121687--5
CITY- ST- ZIP -02/03/00--01003--012

TITLE NAME MGR PERKINS, LEIGH H JR.
STREET ADDRESS 10 RIVER ROAD
CITY- ST- ZIP MANCHESTER VT 05254 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY- ST- ZIP *****50.00

TITLE NAME MGR PERKINS, DAVID D
STREET ADDRESS 10 RIVER ROAD
CITY- ST- ZIP MANCHESTER VT 05254 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS

TITLE NAME MGR MURPHY, JAMES
STREET ADDRESS 820 SOUTH DIXIE HIGHWAY
CITY- ST- ZIP STUART FL 34994 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS

TITLE NAME ☐ Delete
STREET ADDRESS

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS

TITLE NAME ☐ Delete
STREET ADDRESS

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-28-2000 (561)-223-1
Date Daytime Phone