

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 01, 2007  
Secretary of State**

DOCUMENT# L04000071319

Entity Name: KUNDE'S KOVE LLC

**Current Principal Place of Business:**

8265 SW 117TH TERRACE  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

8265 SW 117TH TERRACE  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 20-1692501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

KUNDE, CLIFFORD A MR.  
8265 SW 117TH TERRACE  
MIAMI, FL 33156 US

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: KUNDE, CLIFFORD A MR.  
Address: 8265 SW 117TH TERRACE  
City-St-Zip: MIAMI, FL 33156

Title: SEC ( ) Delete  
Name: KUNDE, JANET B MRS.  
Address: 8265 SW 117 TERRACE  
City-St-Zip: MIAMI, FL 33156 US

**ADDITIONS/CHANGES:**

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: CLIFFORD A. KUNDE

MGR

08/01/2007

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