

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030592

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: KENTIX, LLC

**Current Principal Place of Business:**

2501 OLD LAKE WILSON ROAD  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

2501 OLD LAKE WILSON ROAD  
KISSIMMEE, FL 34747

**New Mailing Address:**

FEI Number: 59-3287065      FEI Number Applied For ( )      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:**

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

SIMON, GARY P  
9100 SO. DADELAND BLVD., SUITE 504  
MIAMI, FL FL33156 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: MGRM ( ) Delete  
Name: RICHARDS, KENNETH  
Address: 2501 OLD LAKE WILSON ROAD  
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM ( ) Delete  
Name: RICHARDS, TRACEY  
Address: 2501 OLD LAKE WILSON ROAD  
City-St-Zip: KISSIMMEE, FL 34747

**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: KENNETH RICHARDS

MGRM

07/11/2007

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