## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000067265

Entity Name: KID'S CUT CLUB, LLC.

FILED Feb 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

509 SYMPHONY PLACE 448 S. ALAFAYA TRAIL DAVENPORT, FL 33896 US 13

ORLANDO, FL 32828 US

**Current Mailing Address: New Mailing Address:** 

509 SYMPHONY PLACE 14959 HAWKSMOOR RUN CIRCLE

DAVENPORT, FL 33896 US ORLANDO, FL 32828

FEI Number: 20-5158068 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OUMEDLOUZ, ABDELOUAHED OUMEDLOUZ, ABDELOUAHED 14959 HAWKŚMOOR RUN CIRCLE 1969 ALAFAYA TRAIL

ORLANDO, FL 32828 ORLANDO, FL 32828 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: 02/27/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

OUMEDLOUZ, NABIL Name: Name: 509 SYMPHONY PLACE Address: Address: City-St-Zip: DAVENPORT, FL 33896 US City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition OUMEDLOUZ, ABDELOUAHED Name: OUMEDLOUZ, ABDELOUAHED Name: Address: 1969 ALAFAYA TRAIL #211 Address: 14959 HAWKSMOOR RUN CIRCLE City-St-Zip: ORLANDO, FL 32828 US City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Delete Title: () Change () Addition

SVENSSON, KRISTINA A Name: Name: Address: 509 SYMPHONE PLACE Address: City-St-Zip: DAVENPORT, FL 33896 US City-St-Zip:

(X) Change ( ) Addition Title: MGRM ( ) Delete Title: MGRM Name: CAMPO, LOURDES N Name: CAMPO, LOURDES N Address: 1969 S ALAFAYA TRAIL #221 Address: 14959 HAWKSMOOR RUN CIRCLE

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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: ABDELOUAHED OUMEDLOUZ **PRES** 02/27/2007