

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 30, 2009  
Secretary of State**

DOCUMENT# L07000046872

Entity Name: KENDALLCOM 117 LLC

**Current Principal Place of Business:**

6420 SW 158 PASSAGE  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

13600 SW 182 AVE  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 20-8978826      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:**

RODRIGUEZ, ADIANEZ  
6420 SW 158 PASSAGE  
MIAMI, FL 33193    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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: RODRIGUEZ, JORGE L  
Address: 6420 SW 158 PASSAGE  
City-St-Zip: MIAMI, FL 33193

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: RODRIGUEZ, ADIANEZ  
Address: 6420 SW 158 PASSAGE  
City-St-Zip: MIAMI, FL 33193

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: ADIANEZ RODRIGUEZ

MGE

05/30/2009

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