


FILED
Apr 07, 2008 8:00 am
Secretary of State

02-14-2008 90073 001 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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DOCUMENT # L07000053742					
1. Entity Name KINORA, LLC					
Principal Place of Business 18440 NE 30 COURT AVENTURA, FL 33160			Mailing Address 18440 NE 30 COURT AVENTURA, FL 33160		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02012008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 26-0216383 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LILIAN SREDNI PA 1400 NE MIAMI GARDENS DRIVE STE 208 NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name ANA TETTNER Street Address (P.O. Box Number is Not Acceptable) 18440 NE 30th COURT AVENTURA FL 33160 City FL Zip Code 33160		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>ANA TETTNER</i></u> ANA TETTNER DATE: <u>2/1/08</u> <small>(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-issuing)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TETTNER, ANA 18440 NE 30 COURT AVENTURA, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>ANA TETTNER</i></u> ANA TETTNER			Date: FEB - 1 2008		Daytime Phone #: <u>3059310271</u>
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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