

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031788

FILED
May 28, 2009
Secretary of State

Entity Name: KANI DESIGN CONCEPTS, LLC

Current Principal Place of Business:

5781 BISCAYNE BLVD., #804
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5781 BISCAYNE BLVD., #804
MIAMI, FL 33137

New Mailing Address:

FEI Number: 26-2317876 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:

GOCAN, KATRINA M
5781 BISCAYNE BLVD., #804
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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: GOCAN, KATRINA M
Address: 5781 BISCAYNE BLVD., APT. 804
City-St-Zip: MIAMI, FL 33137

Title: P () Delete
Name: GOCAN, KATRINA M
Address: 5781 BISCAYNE BLVD., APT. 804
City-St-Zip: MIAMI, FL 33137

Title: MRG (X) Delete
Name: DEPASS-CHONG, NICHOLA
Address: 8292 S.W. 44 PLACE
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: ST (X) Delete
Name: DEPASS-CHONG, NICHOLA
Address: 8292 S.W. 44 PLACE
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: MGR () Delete
Name: BEDE, LISA
Address: 41 S.E. 5TH STREET, APT. 2415
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: BEDE, LISA
Address: 41 S.E. 5TH STREET, APT. 2415
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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

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

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

Title: ST (X) Change () Addition
Name: BEDE, LISA
Address: 41 S.E. 5TH STREET, APT. 2415
City-St-Zip: MIAMI, FL 33131

Title: ST (X) Change () Addition
Name: BEDE, LISA
Address: 41 S.E. 5TH STREET, APT. 2415
City-St-Zip: MIAMI, FL 33131

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: KATRINA GOCAN

P

05/28/2009

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