2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000067559

1. Entity Name
KABAR GROUP, L.L.C.

Principal Place of Business	Mailing Address
1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US	1625 N. COMMERCE PARKWAY SUITE #315 WESTON, FL 33326 US

03182008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3234145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE # 105
WESTON, FL 33326

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000896139
04/24/08-80096-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALBACETE, ALFONSO
STREET ADDRESS	1625 N. COMMERCE PARKWAY, SUITE # 315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	LOMBARDI, VINCENZO
STREET ADDRESS	1625 N. COMMERCE PARKWAY, SUITE # 315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	MARTINEZ, CIRO
STREET ADDRESS	1625 N. COMMERCE PARKWAY, SUITE # 315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #