

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000030592

Entity Name: KENTIX, LLC**Current Principal Place of Business:**2501 OLD LAKE WILSON ROAD
KISSIMMEE, FL 34747**Current Mailing Address:**2501 OLD LAKE WILSON ROAD
KISSIMMEE, FL 34747 US**FEI Number:** 42-1676636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMON, GARY P
9100 SO. DADELAND BLVD., SUITE 504
MIAMI, FL 33156 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

Authorized Person(s) Detail :

Title	MGRM
Name	RICHARDS, KENNETH
Address	2501 OLD LAKE WILSON ROAD
City-State-Zip:	KISSIMMEE FL 34747

Title	MEMBER
Name	RICHARDS, TRACEY
Address	2501 OLD LAKE WILSON ROAD
City-State-Zip:	KISSIMMEE FL 34747

Title	MEMBER
Name	RICHARDS, CHRISTIANA
Address	2501 FORMOSA GARDENS BLVD
City-State-Zip:	KISSIMMEE FL 34747

Title	MGRM
Name	RICHARDS, KERRY
Address	2501 FORMOSA GARDENS BLVD
City-State-Zip:	KISSIMMEE FL 34747

Title	MEMBER
Name	HUTCHCRAFT, STACY
Address	2501 FORMOSA GARDENS BLVD
City-State-Zip:	KISSIMMEE FL 34747

Title	MEMBER
Name	HUTCHCRAFT, JOSHUA
Address	2501 FORMOSA GARDENS BLVD
City-State-Zip:	KISSIMMEE FL 34747

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTIANA RICHARDS**MEMBER****09/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date