

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000059341

Entity Name: KIMBERLY K. MAINI, LLC

Current Principal Place of Business:

8340 NEEDLES DR.
HUDSON, FL 34667

Current Mailing Address:

8340 NEEDLES DR.
HUDSON, FL 34667

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAINI, KIMBERLY K
8340 NEEDLES DR.
HUDSON, FL 34667 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 MAINI, KIMBERLY K
Address 8340 NEEDLES DR
City-State-Zip: HUDSON FL 34667

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: KIMBERLY K. MAINI

MANAGER

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date