

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010478

1. Entity Name
KID KIND, L.L.C.

Principal Place of Business
13102 POND APPLE DRIVE WEST
NAPLES FL 34119

Mailing Address
13102 POND APPLE DRIVE WEST
NAPLES FL 34119

FILED

01 JAN 25 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1729-558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIMM, ELIZABETH A
13102 POND APPLE DRIVE WEST
NAPLES FL 34119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS ZIMM, ELIZABETH A
CITY-ST-ZIP 13102 POND APPLE DRIVE WEST
NAPLES FL. 34119 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 700003623667--0
CITY-ST-ZIP -02/02/01--01007--024

TITLE
NAME MGRM
STREET ADDRESS HYPNAR, MARK A
CITY-ST-ZIP 75 DEVON ROAD
BLOOMFIELD HILLS MI. 48302 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00-
CITY-ST-ZIP *****50.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elizabeth A Zimm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/16/01

Date

(941)-593-3739

Daytime Phone #

CR2E083 (11/00)