

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92165 013 ****50.00

DOCUMENT # L01000003092

1. Entity Name

KDL ENTERPRISES, L.L.C.



Principal Place of Business

**15825 NE 47 AVE
CITRA FL 32113**

Mailing Address

**C/O 7195 BRIDGEVIEW AVENUE
LAS VEGAS NV 89147**

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 **59-3716430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXLEY, MILTON
C/O 1929 N.W. 12TH TERRACE
GAINESVILLE FL 32609**

Name

Michael Richard Kelly

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

15825 NE 47 AVE.

City

Citra

FL

Zip Code

32113

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 **Michael Richard Kelly**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

5-1-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete
NAME **ADS GROUP**
STREET ADDRESS **7195 BRIDGEVIEW AVE**
CITY-ST-ZIP **LAS VEGAS NV 89147**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **V.R.M., INC.**
STREET ADDRESS **4601 Sahara Ave. Ste 1**
CITY-ST-ZIP **LAS VEGAS, NV 89102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1-03 **(402) 471-9217**
Date Daytime Phone #

CR2E083 (10/02)