

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000006320**

1. Entity Name
KIND TO KIDS, L.L.C.

Principal Place of Business
**10801 N. 32ND STREET
PHOENIX AZ 85028**

Mailing Address
**10801 N. 32ND STREET
PHOENIX AZ 85028**

2. Principal Place of Business

3. Mailing Address
30070 Pond Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Big Pine Key, FL

Zip

Country

Zip

Country

33043

US

4. FEI Number
86-1026901

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

**ROCHE, BENJAMIN
5701 OVERSEAS HWY STE 7
MARATHON FL 33050**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**THOMAS SCOTT FAHNEAUX
10801 N 32ND ST #6
PHOENIX AZ 85028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

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

Date

Daytime Phone #

5/7.

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-07-2002 90385 034 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)