

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013630

Entity Name: KITAIF & KITAIF, LLC

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1982 STATE ROAD 44, #311  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1982 STATE ROAD 44, #311  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3737455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KITAIF, DONALD J  
1327 BEACON STREET  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DONALD, KITAIF  
Address: 1982 STATE RD 44 #311  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM  
Name: SHERYL, KITAIF  
Address: 1982 STATE RD 44 #311  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHERYL S. KITAIF

MGRM

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date