

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003631

1. Entity Name
KENMAR GENERAL CONTRACTING, L.L.C.



FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
700 WINDSOR LANE
KEY WEST, FL 33040

Mailing Address
1075 DUVAL STREET C21
PMB 150
KEY WEST, FL 33040



07132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3605293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, KOENIG & HIGHSMITH, P.A.
3158 NORTHSIDE DR.
KEY WEST, FL 33040

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IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LYNNE MARINO, VICKI
STREET ADDRESS	1075 DUVAL ST C21PMB150
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGR
NAME	HAGEL, JEFF
STREET ADDRESS	1075 DUVAL ST C21PMB150
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955287
07/16/08-80009-021 138.75

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/13/08 309 2958239