2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 06, 2008 8:00 am
Secretary of State
01-11-2008 90078 033 ***138.75

30000282

DOCUMENT # L02000007461

1. Entity Name
KINGSWAY BUSINESS CENTER, LLC

Principal Place of Business	Mailing Address
12653 SW COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269 US	12653 SW COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269 US

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
01-0671214

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GANT, STEVEN D
12653 SW COUNTY ROAD 769
SUITE A
LAKE SUZY, FL 34269

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAPPES, KENNETH S
STREET ADDRESS	9305 SW LIPE ROAD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	MGRM
NAME	GANT, STEVEN D
STREET ADDRESS	23220 HARTLEY AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #