

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009612

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** KIM AND CLAY STILES, L.L.C.

**Current Principal Place of Business:**

5837 N FEDERAL HWY  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

991 NW 4TH STREET  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 75-3047497      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

STILES, CLAY  
991 NW 4TH STREET  
BOCA RATON, FL 33486      US

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      ( ) Delete  
**Name:** STILES, CLAY  
**Address:** 991 NW 4TH STREET  
**City-St-Zip:** BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** CLAYTON P. STILES

MGRM

05/01/2009

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