

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019321

Entity Name: PHIL KROYMAN, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

6784 N.W. 17TH AVENUE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6784 N.W. 17TH AVENUE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 56-2289302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, M. DANIEL
3000 NORTH FEDERAL HIGHWAY
BUILDING TWO SOUTH, SUITE 200
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

HUGHES, M. DANIEL
3000 NORTH FEDERAL HIGHWAY
BUILDING TWO SOUTH, SUITE 200
FORT LAUDERDALE, FL 33306 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:

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KROYMAN, PHIL
Address: 6784 N.W. 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: KROYMAN, TAMMY LYNN
Address: 6784 N.W. 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KROYMAN, PHILLIP
Address: 6784 N.W. 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

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: PHILLIP L. KROYMAN JR.

PRES

03/26/2009

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