2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L03000007780

Entity Name: OPTIMUM KINETICS LLC

Current Principal Place of Business:

2628 ALCLOBE CIRCLE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2628 ALCLOBE CIRCLE
OCOEE, FL 34761

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENKELMAN, MICHAEL
2628 ALCLOBE CIRCLE
OCOEE, FL 34761 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: MGR ( ) Delete
Name: HENEKELMAN, MICHAEL D
Address: 2628 ALCLOBE CIRCLE
City-St-Zip: OCOEE, FL 34761 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HENKELMAN, MICHAEL D
Address: 2628 ALCLOBE CIRCLE
City-St-Zip: OCOEE, FL 34761 US

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: MICHAEL HENKELMAN MGR 04/07/2009

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