## 2004 LIMITED LIABILITY COMPANY

## Mar 18, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000013270** 03-18-2004 90183 017 \*\*\*\*55.00 KENMAR PRECISION MACHINE, LLC Principal Place of Business Mailing Address 24024634 **662 GEORGE MILLER CIRCLE** 662 GEORGE MILLER CIRCLE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 3. Mailing Address Sander 96 SAUDERS Rd 03092004 Cha-LLC CB2E083 (10/03) 4. FEI Number Applied For 181 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name FRIEBIS, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 3890 TURTLE CREEK DRIVE SUITE B-1 PORT ORANGE, FL 32127 City Zip Code 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 SIGNATURE - Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change Addition BONIN, KENNETH R NAME NAME 662 GEORGE MILLER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL. 32127 CITY-ST-ZIP **MGRM** TIRE Delete ☐ Change ☐ Addition TITLE NAME **BONIN, SANDRA** NAME STREET ADDRESS 662 GEORGE MILLER CIRCLE STREET ADDRESS PORT ORANGE, FL 32127 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TILLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIFLE ☐ Delete MILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

**FILED** 

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME STREET ADORESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP