2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-13-2004 90332 029 ****50.00

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04032004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000014667

1. Entity Name
FORREST KENYA IMPORTS, LLC

Principal Place of Business	Mailing Address
1516 VALENCIA ST. SANFORD, FL 32771	1516 VALENCIA ST. SANFORD, FL 32771

2. Principal Place of Business	3. Mailing Address
14206 Plantation Lakes Circle	3107 Tinley Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford FL	City & State: Sanford FL
Zip: 32771 Country: Seminole	Zip: 32773 Country: USA

4. FEI Number: 58-2667719 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAVAGE, TERRY
1516 VALENCIA ST. 14206 Plantation Lakes Circle
SANFORD, FL 32771 Sanford FL 32771

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 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)

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAVAGE, TERRY 1516 VALENCIA ST. SANFORD, FL 32771 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Terry Savage Manager   407-324-4905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #