

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90156 001 ****50.00
05-03-2004 90156 002 *****5.00

DOCUMENT # L03000023994			
1. Entity Name KINDER "FOR" US "LLC"			
Principal Place of Business 5133 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328		Mailing Address 12211 SW 103 TERRACE MIAMI, FL 33186	
2. Principal Place of Business 433 NW 41 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OAKLAND PARK FL		City & State	
Zip 33309	Country FL	Zip	Country



05012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0066430	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TORREALBA, ALEJANDRO A 12211 SW 103 TERRACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORREALBA, ALEJANDRO A 12211 SW 103 TERRACE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, KEYLA M 12211 SW 103 TERRACE MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/01/2004 305-2831873