

FILED
Mar 27, 2008 8:00 am
Secretary of State

02-15-2008 90052 024 ****88.75

01-25-2008 90085 005 ****50.00

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000024786			
1. Entity Name KENT ISLAND LLC			
Principal Place of Business 7447 SIKI DEER WAY FORT MYERS, FL 33912 US		Mailing Address PO BOX 61936 FORT MYERS, FL 33906 US	
12419 CROOKED CR FORT MYERS FL 33913			
2. Principal Place of Business - No P.O. Box 12419 CROOKED CR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS FLA		4. FEI Number 51-0477809	
Zip 33913 Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01242008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent SMALL BUSINESS RESOURCES USA, INC. 773 S. KIRKMAN RD. SUITE 118 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name NIA 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 ☒ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDAR, ROBERT 7447 SIKI DEER WAY FORT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDAR, ELEANOR 7447 SIKI DEER WAY FORT MYERS, FL 33912 ☐ 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 exemptions contained in Chapter 119, 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: Robert Redar / Eleanor Redar 3/20/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deline Phone #			