2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L03000026838

Entity Name: KENKOY, LLC

Current Principal Place of Business:

140 TONINA COVE
SUITE 100
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

140 TONINA COVE
MAITALND, FL 32751

New Mailing Address:

FEI Number: 20-0108179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLULL, ANTONIA
420 BRIDLE PATH
CASSELBERRY, FL 32707 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:	LLULL, ANTONIA	
Address:	420 BRIDLE PATH	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	MGRM	( ) Delete
Name:	LLULL, CARMEN	
Address:	420 BRIDLE PATH	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	MGRM	( ) Delete
Name:	LLULL, JOSE	
Address:	420 BRIDLE PATH	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	MGRM	( ) Delete
Name:	BOUFFARD, JOSE ANTONIO	
Address:	1936 SHERWOOD GLEN	
City-St-Zip:	BLOOMFIELD HILLS, MI 48302	
Title:	MGRM	( ) Delete
Name:	BARACEROS, FIDELINA N	
Address:	1936 SHERWOOD GLEN	
City-St-Zip:	BLOOMFIELD HILLS, MI 48307	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ANTONIA LLULL MGRM 04/13/2009

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