200 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Jun 04, 2008 8:00 am DOCUMENT # L03000030958 Secretary of State 1. Entity Name 06-04-2008 90256 031 ***143.75 KINCLAVEN LLC Principal Place of Susiness Mailing Address 350 E. LAS OLAS BLVD. SUITE 1100 FORT LAUDERDALE FL 33301 350 E. LAS OLAS BLVD. SUITE 1100 FORT LAUDERDALE FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 20-0142615 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNOEP, PEER Street Address (P.O. Box Number is Not Acceptable) 350 E. LAS OLAS BLVD. **SUITE 1100** FORT LAUDERDALE FL 33301 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 princed name of registered agreed and title if deplicable (NOTE Registered Agent signature required when reinstating) 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 MGR □ Defeta TITLE Change ☐ Addition NAME SNOETO, PEER NAME STREET ADDRESS 350 E. A .AS OLAS BLVD., SUITE 1100 STREET ADDRESS CITY-ST-ZIP FORT LANDERALE FL 33301 CITY-ST-ZIP TITLE MGR ☐ Delete THIE ☐ Change Addition NAME MOORE, RICHARD J NAME STREET ADDRESS 350 E. LAS OLAS BLVD., SUITE 1100 STREET ADDRESS CITY-ST-ZIP FORT AUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete Change Addition MC CARTHY, JOHN D NAME STREET ADDRESS 350 E. LAS OLAS BLVD., SUITE 1100 STREET ADDRESS CITY-ST-ZIP FOR LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZiP T(T) F Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-7216 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path; 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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



ATTACHMENT

#L03000030958

May 7, 2008

REF: ANNUAL REPORT FILE DEADLINE

To Whom It May Concern:

This letter is to officially inform you that check number 1599 in the amount of \$143.75 was originally mailed to Division of Corporations, Annual Report Section, PO Box 6850, Tallahassee, FL 32314 on April 22, 2008 via regular US mail. For some reason it was mailed back to our office. In efforts to avoid any penalties we have overnighted the check mentioned above to Division of Corporations, 2661 Executive Center Circle West, Tallahassee, FL 32301.

Thanks for all your help,

Yaliza Acevedo-Pereira Office Manager