

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/17/2004-90084-015-\$50.00-\$50.00

FILED

2004 OCT 12 P 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000032056					
1. Entity Name KEMBO PUBLISHING GROUP, LLC					
Principal Place of Business 3956 TOWN CENTER BLVD., SUITE 251 ORLANDO, FL 32837			Mailing Address 3956 TOWN CENTER BLVD., SUITE 251 ORLANDO, FL 32837		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALKER, BERRY J JR., ESQ C/O WALKER & TUDHOPE, P.A. 1053 MAITLAND CENTER COMMONS BLVD., 2ND FL MAITLAND, FL 32751			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 _____ Signature, typed or printed name of registered agent and title if applicable. (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					
TITLE	MGR	☐ Delete	10. ADDITIONS / CHANGES		
NAME	KOZLOWSKI, MARCO		TITLE	☐ Change	☐ Addition
STREET ADDRESS	3956 TOWN CENTER BLVD., SUITE 251		NAME		
CITY-ST-ZIP	ORLANDO, FL 32837		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: Sept 7 2004 401-788-215					

AS OFFICER