


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90009 025 ****55.00

DOCUMENT # L04000013812			
1. Entity Name KENNETH CHIANESE, LLC			
Principal Place of Business 7231 MCGINNES CT. WEEKI WACHEE FL 34613 US		Mailing Address 7231 MCGINNES CT. WEEKI WACHEE FL 34613 US	
2. Principal Place of Business - No P.O. Box # 7231 McGinnes CT		3. Mailing Address 7231 McGinnes CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weeki Wachee		City & State Weeki Wachee FL	
Zip FL 34613	Country America	Zip 34613	Country America
6. Name and Address of Current Registered Agent CHIANESE, KENNETH R 7231 MCGINNES CT. WEEKI WACHEE FL 34613		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIANESE, KENNETH R 7231 MCGINNES CT. WEEKI WACHEE FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

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

Date

Daytime Phone #