

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028592

Entity Name: KDPL REALTY, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

209 UNION STREET
ROCKLAND, MA 02370

New Principal Place of Business:

Current Mailing Address:

PO BOX 305
SOUTH WEYMOUTH, MA 02190

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: MGRM () Delete
Name: BOULDOUKIAN, KARL
Address: PO BOX 305
City-St-Zip: SOUTH WEYMOUTH, MA 02190

Title: MGRM () Delete
Name: CASTRICONE, DAVID T
Address: 7 HILLSIDE RD
City-St-Zip: BOXFORD, MA 01921

Title: MGR () Delete
Name: BOULDOUKIAN, LETTIE
Address: PO BOX 305
City-St-Zip: SOUTH WEYMOUTH, MA 02190

Title: MGR () Delete
Name: CASTRICONE, PATTI J
Address: 7 HILLSIDE RD
City-St-Zip: BOXFORD, MA 01921

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:

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: KARL BOULDOUKIAN

MGRM

03/24/2009

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