

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000029161**

1. Entity Name  
**KENCOS LLC**



Principal Place of Business

**1720 AVENIDA DEL SOL  
BOCA RATON, FL 33432**

Mailing Address

**1720 AVENIDA DEL SOL  
BOCA RATON, FL 33432**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0995822**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHRIBERG, KEN  
1720 AVENIDA DEL SOL  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHRIBERG, KEN
STREET ADDRESS	1720 AVENIDA DEL SOL
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/09/06-80051-016 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ken Shriberg*, member

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

1/11/06 561-353-4444

Date

Daytime Phone #