



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000037167 1. Entity Name KENDZOR, LLC	
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Principal Place of Business 77 ALMERIA STREET ST. AUGUSTINE, FL 32084	Mailing Address 77 ALMERIA STREET ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE

	
02142007No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1137429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E
77 ALMERIA STREET
ST. AUGUSTINE, FL 32084

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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 _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDZOR, ROGER M 363 SPRING CREEK ROAD SUMMERVILLE, GA 30747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENDZOR, KAY J 363 SPRING CREEK ROAD SUMMERVILLE, GA 30747
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03/06/07-80002-009 50.00

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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:  ROGER KENDZOR, MGR 2/21/07 706-822-9569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #