



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90036 035 ****50.00

DOCUMENT # L04000042009 1. Entity Name SZILVIA KISS, LLC					
Principal Place of Business 6708 16TH TERRACE N. #158 STPETERSBURG, FL 33710 US			Mailing Address 6708 16TH TERRACE N. #158 STPETERSBURG, FL 33710 US		
2. Principal Place of Business 4714 N HABANA AVE		3. Mailing Address 4714 N HABANA AVE			
Suite, Apt. #, etc. APT 2610		Suite, Apt. #, etc. APT 2610		02092006 Chg-LLC CR2E083 (11/05)	
City & State TAMPA FL		City & State TAMPA, FL		4. FEI Number 55-0883735	
Zip 33614		Country USA		Applied For Not Applicable	
Zip 33614		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KISS, SZILVIA 6708 16TH TERRACE N. #158 STPETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name KISS, SZILVIA Street Address (P.O. Box Number is Not Acceptable) 4714 N HABANA AVE APT 2610 City TAMPA FL Zip Code 33614		
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: <u>X [Signature]</u> DATE: <u>2/9/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KISS, SZILVIA 6708 16TH TERRACE N. #158 STPETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KISS, SZILVIA 4714 N HABANA AVE, APT 2610 TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X [Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>2/9/06</u>		Daytime Phone #: <u>727-239-1577</u>