2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000042373

Entity Name: KIDS' STRINGS ORCHESTRA, LLC

Current Principal Place of Business:

200 CRANDON BLVD
SUITE 321
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

200 CRANDON BLVD
SUITE 321
KEY BISCAYNE, FL 33149 US

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:

HATTON, DAVID ESQ
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: SIMAN, SUSAN
Address: 104 CRANDON BLVD SUITE 402
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete
Name: YANEZ, CLAUDIA
Address: 104 CRANDON BLVD., SUITE 402
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete
Name: VOLLMER-AGUILAR, ADRIANA
Address: 104 CRANDON BLVD., SUITE 402
City-St-Zip: KEY BISCAYNE, FL 33149

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:

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: ADRIANA VOLLMER-AGUILAR MGR 04/30/2009

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