

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-11-2007 90191 036 ****50.00
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FILED

07 JUL 13 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000076031

1. Entity Name
KINGDOM FIRST, LLC



Principal Place of Business
155 CRANES ROOST BLVD. SUITE 2010
ALTAMONTE SPRINGS, FL 33701

Mailing Address
155 CRANES ROOST BLVD. SUITE 2010
ALTAMONTE SPRINGS, FL 33701



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1825306	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILANES, ELIDA R
1257 LEATHERWOOD DR
ALTAMONTE SPRINGS, FL 32714

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILANES, ELIDA R 111 MAGNOLIA AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 Cranes Roost, Suite 2010 Altamonte Springs, FL 32701
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**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: *Elie m. Q...*

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

Date

Daytime Phone #

7/30/07