2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# L04000083351

Entity Name: KINLEY (FLA), L.L.C.

Current Principal Place of Business:

3295 MAPLE AVE. EXT.
ALLEGANY, NY 14706

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1190
OLEAN, NY 147606190

New Mailing Address:

P.O. BOX 1190
OLEAN, NY 14760

FEI Number: 20-1903719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOLICA, FRANK H ESQ.
231 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953 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: MGRM ( ) Delete
Name: KINLEY, JAMES L
Address: 7301 E. COMMERCIAL BLVD.
City-St-Zip: ARLINGTON, TX 76001

Title: VP ( ) Delete
Name: CRISAFULLI, JAMES M
Address: 7301 E. COMMERCIAL BLVD.
City-St-Zip: ARLINGTON, TX 76001

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: KINLEY, JAMES L
Address: 7301 E. COMMERCIAL BLVD.
City-St-Zip: ARLINGTON, TX 76001

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: SHAWNA L. VITALE CTRL 06/16/2009

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