2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084945

1. Entity Name K&S AUDIO, L.L.C.



Principal Place of Business

9973 BAY VISTA ESTATES BLVD. ORLANDO, FL 32836 Mailing Address

9973 BAY VISTA ESTATES BLVD. ORLANDO, FL 32836

FILED Feb 25, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02212008 No Chg-LLC

 02212008 No Chg-LLC
 CR2E083 (12/07)

 4. FEI Number 20-2021361
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SYLMAN, KEN 9973 BAY VISTA ESTATES BLVD. ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

8. The above the obligation	e named entity submits this statement for the purpose of cha tions of registered agent.	Inging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		ÜÖDAAA95 03/04/08-80058-023 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	SYLMAN, KEN	ı	
STREET ADDRESS	9973 BAY VISTA ESTATES BLVD.	l l	
CITY-ST-ZIP	ORLANDO, FL 32836		
TITLE			

OTENIA OLOGO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied indicated on this report is true and accurate a	with this filing does not qualify for the exemptions	contained in Chapter 119, Florida Statutes. I further certify that the information ffect as if made under path; that I am a managing member or manager of the	

11. I hereby certify that the information supplied with this filling 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 any 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 of the receiver or true the empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: _

Date

Daytime Phone #