

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90053 016 ****50.00

DOCUMENT # L04000085346

1. Entity Name
KAILERON, L.L.C.



Principal Place of Business
1016 39TH AVE. NE
ST. PETERSBURG, FL 33703

Mailing Address
1016 39TH AVE. NE
ST. PETERSBURG, FL 33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1884146

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENDER, DAVID M
859 37TH AVENUE NORTHEAST
ST. PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1016 39th AVE NE

City

ST. PETERSBURG

FL

Zip Code

33703

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BENDER, DAVID M
STREET ADDRESS 859 37TH AVENUE NORTHEAST
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE MGR ☐ Delete
NAME CHIN-BENDER, NADINE
STREET ADDRESS 859 37TH AVENUE NORTHEAST
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 1016 39th AVE NE
STREET ADDRESS ST. PETERSBURG, FL 33703
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1016 39th AVE NE
STREET ADDRESS ST. PETERSBURG, FL 33703
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David M. Bender MGR
DAVID M. BENDER MGR

4/12/06 727-698-9095
Date Daviane Phone #