## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000088365**

1. Entity Name KD, L.L.C.



Mailing Address

16906 CANDELADA DE AVILA TAMPA, FL 33613-5207

Principal Place of Business

16906 CANDELADA DE AVILA TAMPA, FL 33613-5207

## **FILED** Apr 02, 2007 08:00 AM Secretary of State



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03102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1106722

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756

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	above named entity submits this statement for the purpose of chabigations of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATI	URE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	·	
TITLE	MGR		
NAME	KAMBAM, JAYAKUMAR		

STREET ADDRESS | 16906 CANDELEDA DE AVILA CITY-ST-ZIP TAMPA, FL 336135207 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

000000685495 04/09/07-80007-016 50.00

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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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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