

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005694

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: KENCOOL PROPERTIES, LLC

**Current Principal Place of Business:**

47 BUCKSKIN LANE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

47 BUCKSKIN LANE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 55-0895023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAMBERT, WILLIAM N  
629 N PENINSULA AVENUE  
DAYTONA BEACH, FL 32118 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: COOLIDGE, MICHAEL C  
Address: 47 BUCKSKIN LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: COOLIDGE, SARA S  
Address: 47 BUCKSKIN LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: COOLIDGE, PHILLIP D  
Address: 1769 W. OLIVE AVE.  
City-St-Zip: CHICAGO, IL 60660

Title: MGRM ( ) Delete  
Name: KENT, SCOTT D  
Address: 1769 W. OLIVE AVE.  
City-St-Zip: CHICAGO, IL 60660

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SARA COOLIDGE

MGRM

04/26/2009

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