

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000030469

1. Entity Name
KINOLI LLC



Principal Place of Business
255 LAGO VISTA STREET
DEBARY, FL 32713 US

Mailing Address
255 LAGO VISTA STREET
DEBARY, FL 32713 US

DO NOT WRITE IN THIS SPACE

**FILED
Apr 24, 2007 8:00 am
Secretary of State**

04-24-2007 90109 005 ****50.00

60039396



03082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <i>06-1747131</i>	Applied For <i>NOT APPLICABLE</i>
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KNOWLES, MAISIE A MGRM
255 LAGO VISTA STREET
DEBARY, FL 32713

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNOWLES, MAISIE A MGRM 255 LAGO VISTA STREET DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE:

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

April 15, 07 407432391

Date

Daytime Phone #