

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-11-2006 90020 007 ****50.00

DOCUMENT # L05000035949					
1. Entity Name KENMAX LLC					
Principal Place of Business 5927 NW 52ND STREET CORAL SPRINGS FL 33067			Mailing Address 5927 NW 52ND STREET CORAL SPRINGS FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4573580	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLYMONT, KENNETH 5927 NW 52ND STREET CORAL SPRINGS FL 33067			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLYMONT, KENNETH 5927 NW 52ND STREET CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLYMONT, MAXINE 5927 NW 52ND STREET CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.			5/3/06		
SIGNATURE: _____			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					