

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036337

Entity Name: KISS POLYMERS, LLC

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

12515 SUGAR PINE WAY
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 274087
TAMPA, FL 336884087 US

New Mailing Address:

FEI Number: 20-2677206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COOK, DENNIS L JD
12718 DUPONT CIRCLE
TAMPA, FL 33626 US

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: MGR () Delete
Name: KENT, C. RENEE
Address: PO BOX 274087
City-St-Zip: TAMPA, FL 336884087 US

Title: MGRM () Delete
Name: KENT, JARROD R
Address: PO BOX 274087
City-St-Zip: TAMPA, FL 336884087 US

Title: MGRM () Delete
Name: KENT, NATHAN R
Address: PO BOX 274087
City-St-Zip: TAMPA, FL 336884087 US

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:

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: C. RENEE KENT

CEO

07/23/2008

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