

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058742

FILED
Apr 23, 2009
Secretary of State

Entity Name: KDS, LLC

Current Principal Place of Business:

2 FAIRPOINT PLACE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

2 FAIRPOINT PLACE
GULF BREEZE, FL 32561

New Mailing Address:

2 FAIRPOINT PLACE
GULF BREEZE, FL 32561

FEI Number: 74-3150410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, SHEBBIE
2 FAIRPOINT PLACE
GULF BREEZE, FL 32561 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: FRATES, KELLY
Address: 1014 DENROCK
City-St-Zip: DALHART, TX 79022

Title: MGRM () Delete
Name: LASATER, DOUGLAS
Address: 7399 JUDGE MCCALL DR
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: SHIELDS, SHEBBIE
Address: 2 FAIRPOINT PLACE
City-St-Zip: GULF BREEZE, FL 32561

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: SHEBBIE SHIELDS

MS

04/23/2009

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