

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071840

**FILED**  
**Mar 12, 2008**  
**Secretary of State**

**Entity Name:** KENDALL DEVELOPMENT, LLC

**Current Principal Place of Business:**

3664 CR 561  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

3664 CR 561  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 20-3344885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENDALL, HOLLIS H JR.  
3664 CR 561  
TAVARES, FL 32778 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: KENDALL, HOLLIS H JR.  
Address: 28339 LAKE INDUSTRIAL BLVD.  
City-St-Zip: TAVARES, FL 32778

Title: MGRM ( ) Delete  
Name: KENDALL, PAMELA J  
Address: 28339 LAKE INDUSTRIAL BLVD.  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KENDALL, HOLLIS H JR.  
Address: 3664 CR 561  
City-St-Zip: TAVARES, FL 32778

Title: MGRM (X) Change ( ) Addition  
Name: KENDALL, PAMELA J  
Address: 3664 CR 561  
City-St-Zip: TAVARES, FL 32778

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: HOLLIS KENDALL JR

MGRM

03/12/2008

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