

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000097187

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** SAMOWITZ & KLEIN NO.2 FOR KENDALL, LLC

**Current Principal Place of Business:**

55 ARMITAGE DRIVE  
BRIDGEPORT, CT 06605

**New Principal Place of Business:**

**Current Mailing Address:**

55 ARMITAGE DR  
BRIDGEPORT, CT 06605

**New Mailing Address:**

55 ARMITAGE DRIVE  
BRIDGEPORT, CT 06605

**FEI Number:** 20-3623918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAKE, WALTER R  
1881 UNIVERSITY DR SUITE 100  
CORAL SPRINGS, FL 33071 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: MS ( ) Delete  
Name: FERNE SAMOWITZ  
Address: 55 ARMITAGE DRIVE  
City-St-Zip: BRIDGEPORT, CT 06605

**ADDITIONS/CHANGES:**

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:** FERNE SAMOWITZ

MS

04/20/2009

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