

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098988

FILED
Apr 29, 2009
Secretary of State

Entity Name: KINA HIALEAH, LLC

Current Principal Place of Business:

250 CATALONIA AVENUE STE 305
CORAL GABLES, FL 33134

New Principal Place of Business:

250 CATALONIA AVENUE
SUITE 305
CORAL GABLES, FL 33134

Current Mailing Address:

250 CATALONIA AVENUE STE 305
CORAL GABLES, FL 33134

New Mailing Address:

250 CATALONIA AVENUE
SUITE 305
CORAL GABLES, FL 33134

FEI Number: 14-1445228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, AMARILYS
250 CATALONIA AVENUE STE 305
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DIAZ, AMARILYS
250 CATALONIA AVENUE
SUITE 306
CORAL GABLES, FL 33134 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: AMARILYS DIAZ

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIAZ, AMARILYS
Address: 250 CATALONIA AVE STE 305
City-St-Zip: MIAMI, FL 33134

Title: P () Delete
Name: NARDI, ETTORE
Address: 250 CATALONIA AVE STE 305
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

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: AMARILYS DIAZ

MGRM

04/29/2009

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