

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

04-16-2008 90116 015 ***138.75

DOCUMENT # L05000105300

1. Entity Name
KBD PROPERTIES, LLC



Principal Place of Business
151 SHERIDAN AVENUE
LONGWOOD, FL 32750

Mailing Address
P.O. BOX 521266
LONGWOOD, FL 32752-1266

DO NOT WRITE IN THIS SPACE



07082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3753986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONDS, LESLIE G
860 EAST S.R. 434
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited
liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIMMONDS, LESLIE G
860 EAST SR 434
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIMMONDS, GRETHEL D
151 SHERIDAN AVE
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

GRETHEL D. SIMMONDS

4/2/08

407-496-4489