

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111725

Entity Name: KPLUSM, LLC

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

2799 NW BOCA RATON BLVD., SUITE 203  
C/O STEVEN A. SCIARRETTA  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2799 NW BOCA RATON BLVD., SUITE 203  
C/O STEVEN A. SCIARRETTA  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-3775726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCIARRETTA, STEVEN A  
2799 NW BOCA RATON BLVD., SUITE 203  
BOCA RATON, FL 33431      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MAZEIKA, KARL  
Address: 2799 NW BOCA RATON BLVD., SUITE 203  
City-St-Zip: BOCA RATON, FL 33431

**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: STEVEN SCIARRETTA

MGR

06/23/2009

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