

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122023

FILED
Apr 13, 2009
Secretary of State

Entity Name: KALAMATA SKALA HOLDINGS, LLC

Current Principal Place of Business:

408 TROLLEY WAY
WEST CHESTER, PA 19382 US

New Principal Place of Business:

Current Mailing Address:

408 TROLLEY WAY
WEST CHESTER, PA 19382 US

New Mailing Address:

FEI Number: 20-3987652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: T () Delete
Name: ANGELAKOS, MICHAEL
Address: 4898 TROPICANA AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: ANGELAKOS, MICHAEL
Address: 4898 TROPICANA AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: P () Delete
Name: ANGELAKOS, ELENI
Address: 4898 TROPICANA AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: ANGELAKOS, ELENI
Address: 4898 TROPICANA AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: S () Delete
Name: KOMINAKOS, DIMITRIOS
Address: 416 99TH STREET
City-St-Zip: BROOKLYN, NY 11209

Title: D () Delete
Name: KOMINAKOS, DIMITRIOS
Address: 416 99TH STREET
City-St-Zip: BROOKLYN, NY 11209

ADDITIONS/CHANGES:

Title: T (X) Change () Addition
Name: ANGELAKOS, MICHAEL
Address: 408 TROLLEY WAY
City-St-Zip: WEST CHESTER, PA 19382

Title: D (X) Change () Addition
Name: ANGELAKOS, MICHAEL
Address: 408 TROLLEY WAY
City-St-Zip: WEST CHESTER, PA 19382

Title: P (X) Change () Addition
Name: ANGELAKOS, ELENI
Address: 408 TROLLEY WAY
City-St-Zip: WEST CHESTER, PA 19382

Title: D (X) Change () Addition
Name: ANGELAKOS, ELENI
Address: 408 TROLLEY WAY
City-St-Zip: WEST CHESTER, PA 19382

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: MICHAEL ANGELAKOS

VP

04/13/2009

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