


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90045 003 \*\*\*\*\*55.00

|  |   |                     |   |  |   |
|--|---|---------------------|---|--|---|
| <b>DOCUMENT # L05000123024</b><br>1. Entity Name<br><b>KLODA HOLDINGS, LLC</b>   |   |                     |   |                                 |   |
| Principal Place of Business<br><b>4700 N.W. 132ND ST.<br/>OPA LOCKA, FL 33054</b>  |   |                     | Mailing Address<br><b>4700 N.W. 132ND ST.<br/>OPA LOCKA, FL 33054</b> |  |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |  |   |
| City & State   |   | City & State        |   |  |   |
| Zip  | Country   | Zip                 | Country   |  |   |
| 6. Name and Address of Current Registered Agent  |   |                     |   | 7. Name and Address of New Registered Agent  |   |
| <b>LAMONT NEIMAN INTERIAN &amp; BELLET, P.A.<br/>ONE BISCAYNE TOWER, 3550<br/>TWO S. BISCAYNE BLVD.<br/>MIAMI, FL 33131</b>  |   |                     |   | Name   |   |
|  |   |                     |   | Street Address (P.O. Box Number is Not Acceptable)   |   |
|  |   |                     |   | City   |   |
|  |   |                     |   | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |                     |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |   |                     | <b>Make check payable to<br/>Florida Department of State</b>          |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |                     |   | 10. ADDITIONS/CHANGES  |   |
| TITLE  | <b>MANAGER</b> <input type="checkbox"/> Delete<br><b>RUBEN KLODA</b><br><b>2600 ISLAND BLVD APT 906</b><br><b>WILLIAMS ISLAND, FL 33160</b> |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |                     |   | NAME   |   |
| STREET ADDRESS   |   |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |   |                     |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |                     |   | NAME   |   |
| STREET ADDRESS   |   |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |   |                     |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |                     |   | NAME   |   |
| STREET ADDRESS   |   |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |   |                     |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |                     |   | NAME   |   |
| STREET ADDRESS   |   |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |   |                     |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |                     |   | NAME   |   |
| STREET ADDRESS   |   |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |   |                     |   | CITY-ST-ZIP  |   |
| 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. |   |                     |   |  |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                     |   |  |   |
|  |   |                     |   | Date   | Daytime Phone #   |

60045000



07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4254728** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**FL** Zip Code