

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000001471**

1. Entity Name  
**KIDD, AMMONS, LLC**



Principal Place of Business

**2121 NORTH BAYSHORE DRIVE, SUITE 1105  
MIAMI, FL 33137-5137**

Mailing Address

**2121 NORTH BAYSHORE DRIVE, SUITE 1105  
MIAMI, FL 33137-5137**



04212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2191348**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DELEON, NEIL A ESQ  
COURTHOUSE TOWER  
44 WEST FLAGLER STREET, SUITE 325  
MIAMI, FL 33130**

**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  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
KIDD, GLADYS  
2121 NORTH BAYSHORE DRIVE, SUITE 1105  
MIAMI, FL 331375137**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
AMMONS, HERBERT JR  
2121 NORTH BAYSHORE DRIVE, SUITE 1105  
MIAMI, FL 331375137**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
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CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000930548  
05/21/08-90113-014 143.75

**DO NOT WRITE  
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 #

*Herbert Ammons* **Herbert Ammons** **4/27/08** **305 573 2049**