2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## **FILED** Apr 09, 2008 08:00 A Secretary of State DOCUMENT # L06000009461 1. Entity Name KC&MO, LLC Principal Place of Business Mailing Address 4520 SW 74TH AVENUE 4520 SW 74TH AVENUE **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-4184842 Not Applicable Zip Country Zip Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWS, CHLOE C Street Address (P.O. Box Number is Not Acceptable) 5600 COLLINS AVE SUITE 5C MIAMI BEACH FL 33140 City Zio Code 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 expirished (NOTE: Registered Agent's gliature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Deleta TITLE Change Addition Unnonoe8<u>876</u>4 NAME ROBINSON, MELVIN NAME 04/22/08-80027-018 138.75 STREET ADDRESS 4520 SW 74TH AVENUE STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP MIAMI FL 33155 ☐ Addition TITLE MGRM ☐ Delete TITLE ☐ Change NAME LOPEZ, ORLANDO NAME SIPPET ADORESS STRUET ADDRESS 4520 SW 74TH AVENUE CITY-ST-7(P CITY - ST - ZaP MIAMI FL 33155 TOTLE Delete Change Addition **MGRM** THEF NAME LOPEZ, KENIA NAME STREET ADDRESS STREET ADDRESS 4520 SW 74TH AVENUE CITY-ST-ZIP CITY-ST-ZiP MIAMI FL 33155 ☐ Delete TITLE MGRM THILE Change Addition LAWS, CHLOE NAME NAME 4520 SW 74TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TOTALE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition DITLE THIF NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-7IP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING CEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE