2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000018293

1. Entity Name
KINMAO, LLC

Principal Place of Business	Mailing Address
3945 SW, 188TH AVENUE MIRAMAR, FL 33029	3945 SW, 188TH AVENUE MIRAMAR, FL 33029

04212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SIHER, EDWARDS SR
3945 SW, 188TH AVENUE
MIRAMAR, FL 33029

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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 its registered agent.

SIGNATURE _____ DATE
Signature of the named registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SIHER EDWARDS
STREET ADDRESS	3945 SW. 188TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL. 33029
TITLE	MGR
NAME	FUNG, ANA
STREET ADDRESS	3945 SW. 188TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL. 33029
TITLE	MGR
NAME	FUNG, FANNY
STREET ADDRESS	3945 SW. 188TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL. 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000918419
05/13/08-80079-013 138.75

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: EDWARDS SIHER 4/21/08 954-8028919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #