

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026104

FILED
Mar 28, 2007
Secretary of State

Entity Name: KUDOS, LLC

Current Principal Place of Business:

7770 NW 78 AVENUE
SUITE #112
TAMARAC, FL 33321 US

New Principal Place of Business:

3771 NW 112 TERR
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

7770 NW 78 AVENUE
SUITE #112
TAMARAC, FL 33321 US

New Mailing Address:

P.O.BOX 222944
HOLLWOOD, FL 33022 US

FEI Number: 20-4469102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LECUNA, MARIA A
7770 NW 78 AVENUE
SUITE # 112
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

LECUNA, MARIA A
3771 NW 112 TERR
CORAL SPRINGS, FL 33065 US

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: MARIA LECUNA

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECUNA, MARIA A
Address: 7770 NW 78 AVENUE, SUITE # 112
City-St-Zip: TAMARAC, FL 33321 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LECUNA, MARIA A
Address: P.O.BOX 222944
City-St-Zip: HOLLYWOOD, FL 33022 US

Title: MGR () Change (X) Addition
Name: LECUNA, FRANCIS
Address: P.O.BOX 222944
City-St-Zip: HOLLYWOOD, FL 33022 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA LECUNA

MGR

03/28/2007

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