

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026104

Entity Name: KUDOS, LLC

FILED  
May 23, 2008  
Secretary of State

## Current Principal Place of Business:

3771 NW 112 TERR  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

1337 NW 5 AVENUE  
FORT LAUDERDALE, FL 33311 US

## Current Mailing Address:

P.O.BOX 222944  
HOLLYWOOD, FL 33022 US

## New Mailing Address:

FEI Number: 20-4469102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LECUNA, MARIA A  
1337 NW 5 AVENUE  
FORT LAUDERDALE, FL 33311 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:

05/23/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MGR

05/23/2008

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