

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028800

Entity Name: IDEAL VERONA KC, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

400 N. ASHLEY DR  
SUITE 2010  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1466  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 20-4648884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

VERONA, BRETT A  
400 N ASHLEY DR, SUITE 2010  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

RELIANCE CONSULTING LLC  
3105 W WATERS AVE, SUITE 105  
TAMPA, FL 33614      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: AMOL NIRGUDKAR

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VERONA, BRETT  
Address: 400 N ASHLEY DR, SUITE 2010  
City-St-Zip: TAMPA, FL 33602 US

**ADDITIONS/CHANGES:**

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: BRETT VERONA

MGRM

05/01/2009

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