


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90074 015 \*\*\*138.75

<b>DOCUMENT # L06000034007</b> 1. Entity Name <b>KINETIC DESIGN GROUP, LLC</b>					
Principal Place of Business <b>321 46TH AVENUE SOUTH ST. PETERSBURG, FL 33705 US</b>			Mailing Address <b>321 46TH AVENUE SOUTH ST. PETERSBURG, FL 33705 US</b>		
2. Principal Place of Business - No P.O. Box # <b>8901 BAY ST. NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 23065</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG, FL</b> Zip <b>33702</b>		City & State <b>ST. PETERSBURG, FL</b> Zip <b>33742</b>		4. FEI Number <b>20-4605180</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEDESMA, ANTONIO 321 46TH AVENUE SOUTH ST. PETERSBURG, FL 33705</b>			7. Name and Address of New Registered Agent Name <b>ANTONIO LEDESMA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8901 BAY ST. NE</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip Code <b>33702</b>		
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 <u><i>Antonio R. Ledesma</i></u> DATE <u>1/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MOLAS, THEODORE J 8705 SUNRISE JIB WAY TAMPA, FL 33615</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM STEIMLE, BETH F 1305 16TH AVE. NORTH ST. PETERSBURG, FL 33704</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LEDESMA, ANTONIO L 321 46TH AVE S ST. PETERSBURG, FL 33705</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ANTONIO LEDESMA 8901 BAY ST. NE ST. PETERSBURG, FL 33702</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Antonio R. Ledesma</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/23/08 727-403-0840 <small>Date Daytime Phone #</small>		