## **2008 LIMITED LIABILITY COMPANY**

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**ANNUAL REPORT** DOCUMENT # L06000053928

1. Entity Name

EWE KENDALL, LLC

Principal Place of Business

10165 N.W. 19TH STREET MIAMI, FL 33172

Mailing Address

10165 N.W. 19TH STREET MIAMI, FL 33172

**FILED** Apr 30, 2008 08:00 AN Secretary of State



01252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4991044 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 NW 19TH ST MIAMI, FL 33172

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<ol><li>The above named entity submits this statement for the purpose of c the obligations of registered agent.</li></ol>	changing its registered office or registered agent, or both	s, in the State of Florida. I am familiar with,	and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE LIDODO O COCOCO	
			-

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

05/27/08-80026-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, EDWARD W 10165 NW 19TH ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby o	ertify that the information supplied with this filing does not qualify for the e-

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE