LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 10 PM 3:10

DOCUMENT # L06000049467

1. Entity Name
KENDRICK ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

800144618108
06/11/09--01006--015 **88.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2216 HAMPSTEAD MEWS			
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State MONTGOMERY, AL		City & State	
Zip 36117	Country	Zip	Country

4. FEI Number
20-5193668
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
HUNTER, KIRK

Street Address (P.O. Box Number is Not Acceptable)
412 BAY OAKS

City
DESTIN FL

Zip Code
32541

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 Kirk Hunter 2/18/2009

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

800144618108
02/27/09--01034--017 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	KENDRICK, DEWEY, P. JR.	NAME	
STREET ADDRESS	2216 HAMPSTEAD MEWS	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 36117	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	KENDRICK, CHARLENE	NAME	
STREET ADDRESS	2216 HAMPSTEAD MEWS	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 36117	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dewey Kendrick 2-18-09 334-546-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #