

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087456

Entity Name: KSIT, LLC

FILED  
May 30, 2008  
Secretary of State

**Current Principal Place of Business:**

1160 RIVERWIND CIRCLE  
VERO BEACH, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

1160 RIVERWIND CIRCLE  
VERO BEACH, FL 32967

**New Mailing Address:**

FEI Number: 20-5470795      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:**

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

DUNN, GEORGE  
1160 RIVERWIND CIRCLE  
VERO BEACH, FL 32967      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DUNN, GEORGE  
Address: 1160 RIVERWIND CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

Title: MGR      ( ) Delete  
Name: PIPER, JASON  
Address: 1160 RIVERWIND CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

**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: GEORGE DUNN

MGRM

05/30/2008

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