

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098235

FILED  
May 11, 2008  
Secretary of State

**Entity Name:** KEVLAR SOLUTIONS AND SERVICES LLC

**Current Principal Place of Business:**

2211 NW 170TH AVENUE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

2211 NW 170TH AVENUE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 20-5692448      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:**

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

BILLINGS, KEVIN  
2211 NW 170TH AVENUE  
PEMBROKE PINES, FL 33028 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: BILLINGS, KEVIN  
Address: 2211 NW 170TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM ( ) Delete  
Name: BILLINGS, LEILA  
Address: 2211 NW 170TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**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: KEVIN BILLINGS

MGRM

05/11/2008

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