

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000098800

Entity Name: KAY FIVE STARS, LLC

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

705 SANDRINGHAM DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

705 SANDRINGHAM DR
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 22-3944576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: P () Delete
Name: SANDOVAL, SEAN L
Address: 705 SANDRINGHAM DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: SANDOVAL, RICHARD C
Address: 705 SANDRINGHAM DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SANDOVAL, KIM W
Address: 705 SANDRINGHAM DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: SECR () Change (X) Addition
Name: SANDOVAL, RICHARD C
Address: 705 SANDRINGHAM DR
City-St-Zip: JACKSONVILLE, FL 32225

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: SEAN SANDOVAL

P

05/11/2009

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