

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109662

Entity Name: K.P.SUMMO LLC

FILED
Jun 11, 2008
Secretary of State

Current Principal Place of Business:

501 N. ORLANDO AVE.
SUITE 313 PMB 110
WINTER PARK, FL 32789 US

Current Mailing Address:

501 N. ORLANDO AVE.
SUITE 313 PMB 110
WINTER PARK, FL 32789 US

New Principal Place of Business:

5415 LAKE HOWELL RD
225
WINTER PARK, FL 32792 US

New Mailing Address:

5415 LAKE HOWELL RD
225
WINTER PARK, FL 32792 US

FEI Number: FEI Number Applied For (X) 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:

VENTIMIGLIA, KATHLEEN P
501 N. ORLANDO AVE.
SUITE 313 PMB 110
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SUMMO, K P
5415 LAKE HOWELL RD
#225
WINTER PARK, FL 32792 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: K. P. SUMMO

06/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VENTIMIGLIA, KATHLEEN P
Address: 501 N. ORLANDO AVE. SUITE 313 PMB 110
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUMMO, K P
Address: 5415 LAKE HOWELL RD #225
City-St-Zip: WINTER PARK, FL 32792 US

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: K. P. SUMMO

MGR

06/11/2008

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