


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JUL -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30009431

DOCUMENT # L07000008628			
1. Entity Name KIS DESIGN, LLC		Principal Place of Business 201 N. FRANKLIN STREET, SUITE 2000 ONE TAMPA CITY CENTER TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 201 N. FRANKLIN STREET, SUITE 2000 ONE TAMPA CITY CENTER TAMPA, FL 33602	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1805145		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature is required when filing.	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
mgm	SAL ITALIANO		
	201 N. Franklin St. Sk 2000		
	Tampa FL 33602		
11. I hereby certify that the information reported with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statute. 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 Statute.			
SIGNATURE		4/30/08 813-839-2076	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	