

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020057

Entity Name: KINGDOM CAPITAL, LLC

FILED
Jul 29, 2008
Secretary of State

Current Principal Place of Business:

125 E. MERRITT ISLAND CAUSEWAY
SUITE 209, UNIT 310
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

125 E. MERRITT ISLAND CAUSEWAY
SUITE 209, UNIT 310
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-8487789 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:

PEARAH, DAMARIS
125 E. MERRITT ISLAND CAUSEWAY
SUITE 209, UNIT 310
MERRITT ISLAND, FL 32952 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: PEARAH, DAMARIS
Address: 125 E. MERRITT ISLAND CSWY 209-310
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM () Delete
Name: PEARAH, MARK
Address: 125 E. MERRITT ISLAND CSWY 209-310
City-St-Zip: MERRITT ISLAND, FL 32952

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: DAMARIS PEARAH

MGRM

07/29/2008

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