



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90081 014 \*\*\*138.75

|  |  |                                 |  |  |  |
|--|--|---------------------------------|--|--|--|
| <b>DOCUMENT # L07000028358</b>   |  |                                 |  |   |  |
| 1. Entity Name<br>KYLE TENBUSCH LLC  |  |                                 |  |  |  |
| Principal Place of Business<br>12233 LACKAWANNA LANE<br>PORT CHARLOTTE, FL 33953   |  |                                 | Mailing Address<br>12233 LACKAWANNA LANE<br>PORT CHARLOTTE, FL 33953 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  |                                 | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.  |  |  |
| City & State   |  |                                 | City & State   |  |  |
| Zip  | Country  | Zip                             | Country  | 4. FEI Number<br>20-3956357  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145  |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____  |  |                                 |  |  |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |  |                                 | Make check payable to<br>Florida Department of State                 |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>TENBUSCH, KYLE<br>12233 LACKAWANNA LANE<br>PORT CHARLOTTE, FL 33953 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | ST<br>TENBUSCH, KYLE<br>12233 LACKAWANNA LANE<br>PORT CHARLOTTE, FL 33953  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 Statutes. |  |                                 |  |  |  |
| SIGNATURE:    |  |                                 | 4/24/08 941-626-5346   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                 | Date Daytime Phone #   |  |  |