

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081281

Entity Name: KAIZEN SALES SERVICES, LLC

FILED  
Jul 10, 2009  
Secretary of State

**Current Principal Place of Business:**

9723 KNIGHTSBRIDGE CIRCLE  
SARASOTA, FL 34238

**New Principal Place of Business:**

750 N. TAMiami TRAIL  
210  
SARASOTA, FL 34236 US

**Current Mailing Address:**

9723 KNIGHTSBRIDGE CIRCLE  
SARASOTA, FL 34238

**New Mailing Address:**

750 N. TAMiami TRAIL  
210  
SARASOTA, FL 34236 US

FEI Number: 26-0672710      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:**

LOVE, GORDON B  
9723 KNIGHTSBRIDGE CIRCLE  
SARASOTA, FL 34238 US

LOVE, GORDON B  
750 N. TAMiami TRAIL  
210  
SARASOTA, FL 34236 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: BRIAN LOVE

07/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOVE, GORDON B  
Address: 9723 KNIGHTSBRIDGE CIRCLE  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOVE, GORDON B  
Address: 750 N. TAMiami TRAIL, #210  
City-St-Zip: SARASOTA, FL 34236

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: BRIAN LOVE

MGRM

07/10/2009

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