

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000095157

1. Entity Name
KZ TELECOM SOLUTIONS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -8 AM 10:20

Principal Place of Business
492 CHARLOTTA AVE SE
PALM BAY, FL 32909 US

Mailing Address
492 CHARLOTTA AVE SE
PALM BAY, FL 32909 US

000154623770
05/01/09--01002--027 **138.75



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

01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Alron Enterprises Inc.
3990 Minton Rd
Melbourne FL 32904

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

Wallagher Sec

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AW, RICKY
492 CHARLOTTA AVE SE
PALM BAY, FL 32909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AW, ALICE J
492 CHARLOTTA AVE SE
PALM BAY, FL 32909 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ally Aw Ricky Aw

3/6/08

321-733-6483



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 4, 2009

KZ TELECOM SOLUTIONS LLC
492 CHARLOTTA AVE SE
PALM BAY, FL 32909

SUBJECT: KZ TELECOM SOLUTIONS LLC
Ref. Number: L07000095157

We have received your document for KZ TELECOM SOLUTIONS LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00014935