

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098351

Entity Name: KN TOYZ, LLC

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

6434 RIDGE ROAD
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

6434 RIDGE ROAD
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 77-0700233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSO, JOSEPH C ESQ.
6434 RIDGE ROAD
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS INC
13302 WINDING OAKS BLVD
SUITE A100
TAMPA, FL 33612 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: JACOB VARGHESE

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COULTON, NICHOLAS J
Address: 605 SOMMERS HAMMOCK LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM () Delete
Name: SULLIVAN, KEVIN J
Address: 605 SOMMERS HAMMOCK LANE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COULTON, NICHOLAS J
Address: 6434 RIDGE ROAD
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM (X) Change () Addition
Name: SULLIVAN, KEVIN J
Address: 6434 RIDGE ROAD
City-St-Zip: PORT RICHEY, FL 34668

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: NICHOLAS COULTON

MR

02/03/2009

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