

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005760

Entity Name: KOZ-MID, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

9251 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

309 SOUTH WASHINGTON DRIVE
SARASOTA, FL 34236

New Mailing Address:

9251 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

FEI Number: 35-2325560 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:

HOSGREVE, BRADLEY W
100 WALLACE AVENUE, #310
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

HOSGREVE, BRADLEY W
50 CENTRAL AVE
SUITE 700
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: BRADLEY HOSGREVE

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOZLOWSKI, MARY
Address: 309 S. WASHINGTON DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: MIDDLETON, IRENE
Address: 309 S. WASHINGTON DRIVE
City-St-Zip: SARASOTA, FL 34236

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: BOBBIE KOZLOWSKI

MGR

05/01/2009

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