

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013783

Entity Name: KCKORP, LLC

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

2200 S.E. 18TH STREET  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

2200 S.E. 18TH STREET  
FT. LAUDERDALE, FL 33316 US

## Current Mailing Address:

2200 S.E. 18TH STREET  
FT. LAUDERDALE, FL 33316

## New Mailing Address:

500 E. BROWARD BOULEVARD  
SUITE 1950  
FT. LAUDERDALE, FL 33394 US

FEI Number: 26-3114178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, WAYNE H  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FT. LAUDERDALE, FL 33394 US

## Name and Address of New Registered Agent:

HAMAWAY, MICHAEL P  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FT. LAUDERDALE, FL 33394 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: MICHAEL P. HAMAWAY

01/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: HAMAWAY, MICHAEL P  
Address: 500 E. BROWARD BLVD., #1950  
City-St-Zip: FORT LAUDERDALE, FL 33394 US

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: MICHAEL P. HAMAWAY

MGR

01/23/2009

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