

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028109

FILED
Aug 07, 2009
Secretary of State

Entity Name: EKIDS LLC

Current Principal Place of Business:

3134 N. BLVD.
TAMPA, FL 33603

New Principal Place of Business:

2908 E. 20TH AVE.
TAMPA, FL 33608

Current Mailing Address:

3134 N. BLVD.
TAMPA, FL 33603

New Mailing Address:

2908 E. 20TH AVE.
TAMPA, FL 33608

FEI Number: FEI Number Applied For (X) 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:

WILLIAMS, REKESIA
8704 N. OLA AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

WILLIAMS, REKESIA
2908 E. 20TH AVE.
TAMPA, FL 33604 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: REKESIA WILLIAMS

08/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, REKESIA
Address: 8704 N. OLA AVE.
City-St-Zip: TAMPA, FL 33604

Title: MGRM () Delete
Name: RIVERS, PAMELA
Address: P.O. BOX 4284
City-St-Zip: TAMPA, FL 33777

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, REKESIA
Address: 2908 E. 20TH AVE.
City-St-Zip: TAMPA, FL 33608

Title: MGR (X) Change () Addition
Name: RIVERS, PAMELA
Address: 2908 E. 20TH AVE.
City-St-Zip: TAMPA, FL 33608

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: REKESIA WILLIAMS

MGRM

08/07/2009

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