

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028406

FILED
Mar 26, 2009
Secretary of State

Entity Name: KEEP IT HUNDRED RECORDS, LLC

Current Principal Place of Business:

421 NW 104 TERRACE
MIAMI, FL 33150 US

New Principal Place of Business:

678 NW 112 STREET
MIAMI, FL 33168 US

Current Mailing Address:

421 NW 104 TERRACE
MIAMI, FL 33150 US

New Mailing Address:

678 NW 112 STREET
MIAMI, FL 3168 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERCUSON, DAVID
9130 SOUTH DADELAND BLVD
1800
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LECONTE, JEAN G
Address: 421 NW 104 TERRACE
City-St-Zip: MIAMI, FL 33150

Title: MGR (X) Delete
Name: SMITH, TREMAYNE
Address: 421 NW 104 TERRACE
City-St-Zip: MIAMI, FL 33150

Title: MGR (X) Delete
Name: DUYAL, HERBEY D
Address: 421 NW 104 TERRACE
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUVAL, HERBEY D
Address: 678 NW 112 STREET
City-St-Zip: MIAMI, FL 33168 US

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: HERBEY D. DUVAL

MGRM

03/26/2009

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