

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000038477

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** KENS CONTRACTING 2 L.L.C.

**Current Principal Place of Business:**

3840 HAMMONDS FERRY CT.  
OVIEDO, FL 32766 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX # 622525  
OVIEDO, FL 32762 US

**New Mailing Address:**

**FEI Number:** 26-2417069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THIVIERGE, KEN M  
3840 HAMMONDS FERRY CT  
OVIEDO, FL 32766 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  
**Name:** THIVIERGE, KEN M  
**Address:** 3840 HAMMONDS FERRY CT  
**City-St-Zip:** OVIEDO, FL 32766 US

**Title:** MGR  
**Name:** THIVIERGE, LOUISE P  
**Address:** 3840 HAMMONDS FERRY CT  
**City-St-Zip:** OVIEDO, FL 32766 US

I hereby 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:** KEN THIVIERGE

MGR

04/06/2011

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