

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042147

FILED
Feb 11, 2009
Secretary of State

Entity Name: KRONIC ENTERTAINMENT, LLC

Current Principal Place of Business:

404 BROADWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

404 BROADWAY
KISSIMMEE, FL 34741

New Mailing Address:

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

Name and Address of Current Registered Agent:

THE LITTLEFIELD LAW GROUP, P.A.
404 BROADWAY
KISSIMMEE, FL 34741 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: MGRM () Delete
Name: LITTLEFIELD, KALIANA L
Address: 404 BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: LITTLEFIELD, LINDA
Address: 404 BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

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: LINDA LITTLEFIELD MGRM 02/11/2009

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