

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045708

FILED
Feb 21, 2009
Secretary of State

Entity Name: KCT CONSULTANTS, LLC

Current Principal Place of Business:

1325 N.W. 128TH STREET
NORTH MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1325 N.W. 128TH STREET
NORTH MIAMI, FL 33167

New Mailing Address:

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

Name and Address of Current Registered Agent:

THOMAS, CLIFFORD A
1325 N.W. 128TH STREET
NORTH MIAMI, FL 33167 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: P () Delete
Name: THOMAS, KATHY F
Address: 1325 N.W. 128TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

Title: V () Delete
Name: THOMAS, CLIFFORD A
Address: 1325 N.W. 128TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

Title: MGR () Delete
Name: THOMAS, CAMERON A
Address: 1325 N.W. 128TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

Title: MGR () Delete
Name: THOMAS, KANDYS A
Address: 1325 N.W. 128TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: THOMAS, CLIFFORD A
Address: 1325 N.W. 128TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

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: CLIFFORD THOMAS

VP

02/21/2009

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