

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047019

Entity Name: KIVEO, LLC

FILED  
Jun 29, 2009  
Secretary of State

**Current Principal Place of Business:**

5651 SHIRLEY DRIVE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

5651 SHIRLEY DRIVE  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 26-2682165      FEI Number Applied For ( )      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:**

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

OUTLAW, SALLY  
5651 SHIRLEY DRIVE  
JUPITER, FL 33458      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OUTLAW, SALLY  
Address: 5651 SHIRLEY DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: MGR ( ) Delete  
Name: PHILLIPS, MILES  
Address: 70 LYNNBROOK WAY  
City-St-Zip: COLUMBUS, NC 28722

Title: MGRM ( ) Delete  
Name: IRVING, BASIL  
Address: 128 PEABODY DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: MGRM ( ) Delete  
Name: EDGEELL, JEREMEY  
Address: 547 LOCKHART, APT B  
City-St-Zip: TYRON, NC 28782

Title: MGRM ( ) Delete  
Name: HOOPER, BRILEY  
Address: 188 THORNE AVENUE  
City-St-Zip: COLUMBUS, NC 28722

**ADDITIONS/CHANGES:**

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

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

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

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: SALLY OUTLAW

MGR

06/29/2009

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