

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054306

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** A MOMENT IN TIME IMAGES BY KACI LLC

**Current Principal Place of Business:**

11830 COLYAR LANE  
PARRISH, FL 34219 US

**New Principal Place of Business:**

**Current Mailing Address:**

11830 COLYAR LANE  
PARRISH, FL 34219 US

**New Mailing Address:**

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

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

LYNCH, CYNTHIA  
11830 COLYAR LANE  
PARRISH, FL 34219 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: LYNCH, CYNTHIA  
Address: 11830 COLYAR LANE  
City-St-Zip: PARRISH, FL 34219 US

Title: MGR ( ) Delete  
Name: LYNCH, KATIE  
Address: 11830 COLYAR LANE  
City-St-Zip: PARRISH, FL 34219 US

Title: MGR ( ) Delete  
Name: LYNCH, DANIEL  
Address: 11830 COLYAR LANE  
City-St-Zip: PARRISH, FL 34219 US

**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:

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: CYNTHIA LYNCH

MGR

04/28/2009

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