

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059041

Entity Name: KAMENOFF, LLC

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

3295 LAKEVIEW OAKS DRIVE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160579
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMENOFF, LARRY S
3295 LAKEVIEW OAKS DRIVE
LONGWOOD, FL 32779 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: KAMENOFF, LARRY S
Address: P.O. BOX 160579
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: P/T () Delete
Name: KAMENOFF, LARRY S
Address: P.O. BOX 160579
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: VP/S () Delete
Name: KAMENOFF, MARCIA S
Address: P.O. BOX 160579
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 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: LARRY S. KAMENOFF

PRES

04/09/2009

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