2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

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Entity Name: KAMENOFF, LLC

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: 27-4257158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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
Name: KAMENOFF, LARRY S
Address: P.O. BOX 160579
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

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

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

Title: VP
Name: KAMENOFF, MARK L
Address: P. O. BOX 160579
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: VP
Name: KAMENOFF, JONATHAN H
Address: P. O. BOX 160579
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

I hereby 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 Statues.

SIGNATURE: LARRY S. KAMENOFF P/T 01/13/2012

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