

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000068507

FILED
Nov 29, 2009
Secretary of State**Entity Name:** KALLISTAL HOLDING LLC**Current Principal Place of Business:**164885 COLLINS AVE - # 935
SUNNY ISLES BEACH, FL 33160**New Principal Place of Business:**8551 WEST SUNRISE BLVD
105
PLANTATION, FL 33322**Current Mailing Address:**164885 COLLINS AVE - # 935
SUNNY ISLES BEACH, FL 33160**New Mailing Address:**8551 WEST SUNRISE BLVD
105
PLANTATION, FL 33322**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMSALLEM, ERIC
164885 COLLINS AVE - # 935
SUNNY ISLES BEACH, FL 33160 US**Name and Address of New Registered Agent:**BONDRILLE, FRANCK
8551 WEST SUNRISE BLVD
PLANTATION, FL 33322 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: FRANCK BONDRILLE

11/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: FALCUCCI, ALAIN
Address: LES JJARDINS EN VILLE
City-St-Zip: 20200 VILLE DIPIETRABUGNA FR, XX**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: FALCUCCI, ALAIN
Address: 8551 WEST SUNRISE BLVD # 105
City-St-Zip: PLANTATION, FL 33222 XX

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: ALAIN FALCUCCI

MGR

11/29/2009

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