

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082990

FILED
Apr 06, 2009
Secretary of State

Entity Name: KRESSE & ASSOCIATES, LLC

Current Principal Place of Business:

2525 PONCE DE LEON BLVD., SUITE 1080
CORAL GABLES, FL 33134

New Principal Place of Business:

66 W FLAGLER ST
7TH FLOOR
MIAMI, FL 33130

Current Mailing Address:

2525 PONCE DE LEON BLVD., SUITE 1080
CORAL GABLES, FL 33134

New Mailing Address:

66 W FLAGLER ST
7TH FLOOR
MIAMI, FL 33130

FEI Number: 26-3285099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ALBRECHT, TOM
66 W FLAGLER ST
7TH FLOOR
MIAMI, FL 33130 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: TOM ALBRECHT

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OFFICIAL REPORTING S, ERVICES, LLC
Address: 2525 PONCE DE LEON BLVD., SUITE 1080
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: CEO () Change (X) Addition
Name: KUSHNER, ARTHUR
Address: 524 SOUTH ANDREW AVE STE 302N
City-St-Zip: FORT LAUDERDALE, FL 33301

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: KUSHNER, ARTHUR

CEO

04/06/2009

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