2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000099626

Entity Name: KOSMUL INVESTMENTS, LLC

Current Principal Place of Business:

3416 ALMERIA AVE.
TAMPA, FL 33629 US

New Principal Place of Business:

19730 GULF BLVD.
300
INDIAN SHORES, FL 33785 US

Current Mailing Address:

3416 ALMERIA AVE.
TAMPA, FL 33629 US

New Mailing Address:

3416 ALMERIA AVE S
TAMPA, FL 33629

FEI Number: 26-3586529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULFINGER, ELIZABETH B
3416 ALMERIA AVE.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MULFINGER, ELIZABETH B
3416 ALMERIA AVE S.
TAMPA, FL 33629 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: ELIZABETH B. MULFINGER 04/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MULFINGER, ELIZABETH B
Address: 3416 ALMERIA AVE.
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete
Name: KOSLOSKE, MICHAEL W
Address: 3416 ALMERIA AVE.
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: KOSLOSKE, MICHAEL W
Address: 1002 TARAY DE AVILA
City-St-Zip: TAMPA, FL 33613 US

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: ELIZABETH B. MULFINGER MGRM 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date