

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103724

Entity Name: KOLLEKTIV LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9431 EVERGREEN PLACE 102  
DAVIE, FL 33324

**New Principal Place of Business:**

910 BRIAR RIDGE ROAD  
WESTON, FL 33327

**Current Mailing Address:**

9431 EVERGREEN PLACE 102  
DAVIE, FL 33324

**New Mailing Address:**

910 BRIAR RIDGE ROAD  
WESTON, FL 33327

FEI Number: 26-4172825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAVALCANTI, DANIEL H  
530 SOUTH PARK ROAD  
APT. 11-34  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

CAVALCANTI, DANIEL H  
910 BRIAR RIDGE ROAD  
WESTON, FL 33327 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:

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAVALCANTI, DANIEL H  
Address: 910 BRIAR RIDGE ROAD  
City-St-Zip: WESTON, FL 33327

Title: MGR  
Name: ABELLA, MARIA G  
Address: 910 BRIAR RIDGE ROAD  
City-St-Zip: WESTON, FL 33327

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 Statutes.

SIGNATURE: DANIEL H CAVALCANTI

MGR

01/06/2010

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