

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040640

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** KIDNASIUM LLC

**Current Principal Place of Business:**

515 SHADY PINE WAY  
APT. D1  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 SHADY PINE WAY  
APT. D1  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 27-0703545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORMAN, CORY S  
515 SHADY PINE WAY  
APT. D1  
WEST PALM BEACH, FL 33415 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:** MGR  
**Name:** GORMAN, CORY S  
**Address:** 515 D1 SHADY PINE WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33415 US

**Title:** MGRM  
**Name:** GORMAN, SANDRA  
**Address:** 11705 BAY BREEZE COURT  
**City-St-Zip:** WELLINGTON, FL 33414 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 Statutes.

SIGNATURE: CORY GORMAN

MGR

04/26/2011

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