

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054665

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN KINGPIN SPECIALISTS OF FLORIDA, LLC

**Current Principal Place of Business:**

5217 MARBELLA, ISLE DRIVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

12649 EAST CALEY AVE.  
SUITE 116  
ENGLEWOOD, CO 80111

**New Mailing Address:**

**FEI Number:** 27-0395725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN KINGPIN SPECIALISTS  
5217 MARBELLA, ISLE DRIVE  
ORLANDO, FL 32837 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:** MGRM  
**Name:** LEFEBVRE, RICHARD  
**Address:** 4405 XANTHIA STREET  
**City-St-Zip:** DENVER, CO 80237

**Title:** MGRM  
**Name:** LEFEBVRE, DAVID  
**Address:** BOX 509 MAYERTHORPE ONTARIO  
**City-St-Zip:** CANADA, TOE 1NO, XX

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: RICHARD LEFEBVRE

MR.

04/30/2012

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