


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

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|---|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 NOV -8 PM 2:00 | |
| FILING FEE \$ 588.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1 Name and Mailing Address of Limited Liability Company | | DOCUMENT # L98000001833 | | | |
| KIVA OF MT. DORA, LLC 505 EAST 9TH AVENUE MT DORA FL 32757 | | 1a. Principal Place of Business Address 505 EAST 9TH AVENUE MT DORA FL 32757 | | | |
| 2 Principal Place of Business Kiva of Mount Dora Suite, Apt. #, etc. 505 E. 9th Ave City & State Mount Dora Zip 32757 | | 2a. Mailing Address Same Suite, Apt. #, etc. City & State Country USA | | 3. Date Organized or Qualified 09/14/1998 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> See 7 - Additional Fee Required | |
| 7. Name and Address of Current Registered Agent CHILDERS, DENNIS M 2061 CR 13A ST AUGUSTINE FL 32095 | | 8. Name and Address of New Registered Agent/Office Name Kellie Morgan-Keith Street Address (P.O. Box Number is Not Acceptable) 36212 Stratford Ct Suite, Apt. #, etc. City Grand Isl. FL Zip Code 32735 | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u>Kellie Morgan-Keith</u> DATE <u>10-5-99</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | SCARBOROUGH, THOMAS D | 4717 STUART GLEN DRIVE, SU | | NASHVILLE TN 800003047308--8 -11/17/99--01061--011 ****188.75 ****188.75 11/8/99 | |
| 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>[Signature]</u> 10/5/99 (352) 5835005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # | | | | | |