

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001833

Entity Name: KIVA OF MT. DORA, LLC

**FILED**  
**May 08, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

505 EAST 9TH AVENUE  
MT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

4717 STUART GLEN DR.  
NASHVILLE, TN 37215

**New Mailing Address:**

FEI Number: 62-1753379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCARBOROUGH, THOMAS D  
201 ZEAGLER  
PALATKA, FL 32177      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: SCARBOROUGH, THOMAS D  
Address: 201 ZEAGLER  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS D SCARBOROUGH

PRES

05/08/2005

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